

State of Kansas

**BILL GRAVES**Secretary of State

Vol. 8, No. 26 June 29, 1989 Pages 995-1050

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#### State of Kansas

#### **LEGISLATURE**

#### INTERIM COMMITTEE SCHEDULE

The following committee meetings have been scheduled during the period of June 29 through July 16:

Date	Room	Time	Committee	Agenda
June 29 June 30	123-S 123-S	10:00 a.m. 9:00 a.m.	Commission on Access to Services for the Medically Indigent and Homeless	Agenda unavailable at this time.
June 29 June 30	in Man in Man		Joint Committee on Economic Development	29th: Reports on rural development issues. 30th: Review of plans for a statewide telecommunications network.
July 6 July 7	123-S 123-S	9:00 a.m. 9:00 a.m.	Special Committee on Federal and State Affairs/ Governmental Organization	Staff briefing on all topics. Hearings on Proposals No. 24-27.
July 10 July 11	514-S 514-S	10:00 a.m. 9:00 a.m.	Joint Committee on Administrative Rules and Regulations	Agenda not available.
July 10 July 11	Fort Hays Branch Experiment Station Auditoria	10:00 a.m. 8:00 a.m.	Special Committee on Agriculture and Livestock	Presentation on Proposal No. 6—Agricultural Experiment Station and Proposal No. 5—Drought Assessment.
July 12 July 13	Kansas City 526-S	10:00 a.m. 9:00 a.m.	Special Committee on Energy and Natural Resources	12th: Public hearing on issue of natural gas pipeline safety (Proposal No. 22). Tour of recycling facility in Kansas City, Kansas. 13th: Continued review of Proposal No. 23—Recreational Access.
July 13 July 14	529-S 529-S	10:00 a.m. 9:00 a.m.	Special Claims Against the State	Hearings on claims filed to date.
July 13 July 14	514-S 514-S	10:00 a.m. 9:00 a.m.	Special Committee on Judiciary	Agenda not available.  EMIL LUTZ  Director of Legislative  Administrative Services

Doc. No. 008017

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PUBLISHED BY
Bill Graves
Secretary of State
2nd Floor, State Capitol
Topeka, KS 66612-1594



Phone: (913) 296-3489

## State of Kansas STATE CONSERVATION COMMISSION

#### NOTICE TO CONTRACTORS

Sealed bids for the construction of a 582,000 cubic yard multipurpose small lake, Site 4-16 in Hodgeman County, will be received by the Pawnee Watershed Joint District No. 81 at the district office, Route 2, Box 135, Jetmore 67854, until 8 p.m. on July 17, and then opened. A copy of the invitation for bids and the plans and specifications can be obtained from the district office, (316) 357-6420.

KENNETH F. KERN Executive Director

Doc. No. 008019

## State of Kansas DEPARTMENT OF HUMAN RESOURCES

### NOTICE OF MAXIMUM AND MINIMUM WEEKLY UNEMPLOYMENT BENEFIT AMOUNTS

The maximum and minimum weekly unemployment benefits payable with respect to claims filed on or after July 1, 1989, and before July 1, 1990, are respectively \$216 and \$54.

I certify that these maximum and minimum weekly benefit amounts have been computed in accordance with K.S.A. 44-704, pursuant to which section this announcement is published.

RAY D. SIEHNDEL Acting Secretary of Human Resources

Doc. No. 008005

## State of Kansas STATE CORPORATION COMMISSION

#### NOTICE OF HEARING

The State Corporation Commission will conduct a public hearing concerning the dissolution of the basic proration orders for the following natural gas and oil fields:

- -Corastone (Lower Wabaunsee) field, Sumner County
- -Harding (Indian Cave) field, Pratt County
- -Harper Ranch, North (Morrow) field, Clark County
- -ILS, Southwest (Douglas Sand) field, Barber County
- -Skinner-Lambert (Toronto) field, Barber County
- -Sullivan (Lower Stalnaker) field, Harper County

The hearing will begin at 9 a.m. Thursday, August 24, at the Conservation Division hearing room, 300 Colorado Derby Building, 202 W. 1st, Wichita. Persons interested in presenting testimony at the hearing are asked to notify the division and prefile testimony and exhibits at least 20 days prior to the hearing.

For additional information contact James W. Coder, Assistant General Counsel, State Corporation Commission, 200 Colorado Derby Building, 202 W. 1st, Wichita

67202, (316) 263-3238.

JAMES W. CODER Assistant General Counsel

## State of Kansas WICHITA STATE UNIVERSITY

#### NOTICE TO BIDDERS

Sealed bids for the following will be received by The Wichita State University, Office of Purchasing, 1845 N. Fairmount, 201 Jardine Hall, Wichita 67208-1595, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (316) 689-3080 for additional information.

Thursday, July 6, 1989 #0003-B Air Shipment of Art Objects

GARY D. LINK Director of Purchasing

Doc. No. 008015

## State of Kansas UNIVERSITY OF KANSAS

#### NOTICE TO BIDDERS

Sealed bids for items listed below will be received by the University of Kansas Purchasing Office, Lawrence, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 864-3416 for additional information.

Monday, July 10, 1989 RFO 90 0036

Turbomolecular pump, control unit, inlet screen and roughing pump.

GENE PUCKETT, L.C.P.M. Director of Purchasing

Doc. No. 008018

#### State of Kansas

# SOCIAL AND REHABILITATION SERVICES KANSAS CITIZENS' COMMITTEE ON ALCOHOL AND OTHER DRUG ABUSE

#### NOTICE OF MEETING

The quarterly meeting of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse will be conducted from 8:30 a.m. to 3:30 p.m. Friday, July 14, at the Dodge House Motel, 2408 W. Wyatt Earp Blvd., Dodge City.

The agenda will include the appointment of new members, proposed by-laws changes, SRS budget hearings, and recommendations to the secretary of SRS on an alcohol and drug abuse impact study and increased funding for existing alcohol and drug abuse treatment programs.

Other items concerning the alcohol and drug abuse field will also be covered.

WINSTON BARTON Secretary of Social and Rehabilitation Services

Doc. No. 008007

#### State of Kansas

## DEPARTMENT OF ADMINISTRATION EMPLOYEE AWARD BOARD

#### NOTICE OF MEETING

The Employee Award Board will meet at 1 p.m. Friday, June 30, in the Division of Personnel Services, Room 951-S, Landon State Office Building, 900 S.W. Jackson, Topeka.

BEN BARRETT Chairperson

Doc. No. 007997

## State of Kansas KANSAS ARTS COMMISSION

#### NOTICE OF MEETING

The Kansas Arts Commission will conduct a special meeting from 8:30 a.m. to 3:30 p.m. Friday, July 21, in the Community Room on the second floor of the Smoky Hill Museum, 7th and Iron, Salina.

The commission will adopt the guidelines for the fiscal year 1990 Artists Fellowship/Professional Development Program, the Capital Aid/Design Arts Program, and the Rural Arts Initiative, and the guidelines for the fiscal year 1991 major grant categories, the Kansas Touring Program, and the Arts in Education programs.

The commission also will consider proposed amendments to the by-laws and the long-range plan being developed for the agency.

The meeting is open to public observation.

DOROTHY L. ILGEN Executive Director

Doc. No. 007998

#### State of Kansas

## DEPARTMENT OF ADMINISTRATION DIVISION OF ARCHITECTURAL SERVICES

#### NOTICE OF COMMENCEMENT OF NEGOTIATIONS FOR ARCHITECTURAL SERVICES

Notice is hereby given of the commencement of negotiations for architectural services for the re-roofing of Wescoe Hall at the University of Kansas, Lawrence. Estimated construction cost is \$320,000 for 64,000 square feet of roofing.

Any questions or expressions of interest should be directed to Gerald R. Carter, AIA, Director of Planning and Design, Division of Architectural Services, 625 Polk, Topeka 66603, (913) 233-9367, on or before July 14.

EDWARD A. DE VILBISS, AIA
Director, Division of
Architectural Services

Doc. No. 008010

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#### State of Kansas

#### **DEPARTMENT OF TRANSPORTATION**

#### NOTICE TO CONTRACTORS

Sealed proposals for the construction of road and bridge work in the following Kansas counties will be received at the office of the Chief of Construction and Maintenance, K.D.O.T., Topeka, until 10 a.m. C.D.T. July 20, 1989, and then publicly opened:

#### **DISTRICT ONE—Northeast**

Johnson—35-46 K-3711-01—Various locations on I-35 and I-70 in Kansas City, 2.5 miles overlay. (State Funds)

Shawnee—4-89 K-0827-01—K-4, Mission Creek bridge 118, 0.4 mile east of the Wabaunsee-Shawnee county line, bridge replacement. (Federal Funds)

Shawnee—4-89 K-0828-01—K-4, Mission Creek bridge 119, 2.5 miles northeast of the Wabaunsee County line, bridge replacement. (Federal Funds)

Shawnee—75-89 K-2684-02—U.S. 75, the junction of U.S. 75 and northwest 46th Street north of Topeka, intersection improvement. (State Funds)

#### **DISTRICT TWO—Northcentral**

Dickinson—21 U-1113-01—7th and 8th Streets at Mud Creek in Abilene, 0.2 mile, grading and bridge. (Federal Funds)

Dickinson—43-21 K-1888-03—K-43, Smoky Hill River bridge 72 at Enterprise, seeding and tree planting. (State Funds)

Geary—40B-31 K-3837-01—U.S. 40B, from the east city limits of Junction City to I-70 east junction including ramps, 1.7 miles, patching. (State Funds)

Geary—70-31 K-3810-01—I-70, 0.3 mile west of K-57 east to the Geary-Riley county line, 16.4 miles, bituminous seal. (State Funds)

Marion—15-57 K-3814-01—K-15, French Creek and Marion Reservoir Drive bridge 34 and 35 north of U.S. 56, bridge overlay. (State Funds)

Marion—57 C-2565-01—County road, from the south city limits of Hillsboro north on Ash Street to the Atchison, Topeka and Santa Fe Railway, 0.5 mile, grading and surfacing. (Federal Funds)

McPherson—135-59 K-3809-01—I-135, from the K-61/U.S. 81B interchange north to the McPherson-Saline county line, 18.6 miles, overlay. (State Funds)

Saline—70-85 K-3808-01—I-70, 9.8 miles east of the Lincoln-Saline county line east 5.1 miles, overlay. (State Funds)

Saline—140-85 K-3838-01—K-140, 0.6 mile west of I-135 to I-135 east right of way limits, 0.7 mile, patching. (State Funds)

#### **DISTRICT THREE—Northwest**

Gove—70-32 K-3713-01—I-70, from the K-23 interchange east to the Gove-Trego county line, 19.2 miles, recycling. (State Funds)

Wallace—27-100 K-3175-01—K-27, (Sharon Springs Main Street) Front Street to 3rd Street, 0.2 mile, grading and surfacing. (Federal Funds)

#### **DISTRICT FOUR—Southeast**

Chautauqua-10 C-0818-01-County road, 6.5 miles

east and 4.2 miles south of Cedarvale, then southeast, 0.2 mile, bridge replacement. (Federal Funds)

Franklin—35-30 K-3712-01—I-35, various locations in Franklin and Johnson counties, material and patching. (State Funds)

Franklin—35-30 K-3849-01—I-35, from U.S. 59 northeast to K-68, 4.3 miles, overlay. (State Funds)

Franklin—35-30 M-1551-01—I-35, reinforced concrete bridges 25.1, 25.8, 26.5, 27.4 miles northeast of the county line, culvert. (State Funds)

Neosho-67 U-1189-01—Canville Street at Pucketts Run Creek in Erie, grading, surfacing and bridge. (Fed-

eral Funds)

Neosho—67 U-1190-01—3rd Street at Pucketts Run Creek in Erie, grading, surfacing and bridge. (Federal Funds)

#### **DISTRICT FIVE—Southcentral**

Cowley—77-18 U-1198-01—U.S. 77 (Summit) and Maple in Arkansas City, traffic signal. (Federal Funds)

Sedgwick—54-87 K-3782-01—U.S. 54, 9.5 miles east of the Kingman-Sedgwick county line, east 4.1 miles, overlay. (State Funds)

Sumner—96 U-1132-01—Lincoln Avenue at Hargis Creek in Wellington, grading, surfacing and bridge. (Federal Funds)

#### **DISTRICT SIX—Southwest**

Finney—50-28 K-3208-01—U.S. 50, from the end of the four lane east of Garden City east to Finney-Gray county line, 12.4 miles, bituminous seal. (State Funds)

Gray—56-35 K-3836-01—U.S. 56, from the Gray/Haskell county line east to the east city limits of Montezuma, 12.8 miles, bituminous seal. (State Funds)

Morton—51-65 K-2084-01—K-51, Cimarron River bridge 7, 10.5 miles southeast of the north junction of K-27, bridge painting. (State Funds)

Proposals will be issued upon request to all prospective bidders who have been prequalified by the Kansas Department of Transportation on the basis of financial condition, available construction equipment, and experience. Also, a statement of unearned contracts (Form No. 284) must be filed. There will be no discrimination against anyone because of race, age, religion, color, sex, handicap, or national origin in the award of contracts.

Each bidder shall file a sworn statement executed by or on behalf of the person, firm, association or corporation submitting the bid, certifying that such person, firm, association or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submitted bid. This sworn statement shall be in the form of an affidavit executed and sworn to by the bidder before a person who is authorized by the laws of the state to administer oaths. The required form of the affidavit will be provided by the state to each prospective bidder. Failure to submit the sworn statement as part of the bidapproval package will make the bid nonresponsive and not eligible for award consideration.

Plans and specifications for the projects may be ex-

amined at the office of the respective county clerk or at the K.D.O.T. district office responsible for the work.

HORACE B. EDWARDS
Secretary of Transportation

Doc. No. 007988

# State of Kansas DEPARTMENT OF ADMINISTRATION DIVISION OF ARCHITECTURAL SERVICES

## OF NEGOTIATIONS FOR TECHNICAL SERVICES

Notice is hereby given of the commencement of negotiations for air and water balancing services of mechanical systems and infrared scans for state construction projects for the six-month period from July 1, 1989, to January 1, 1990.

Interested individuals or firms in the balancing field must be certified by the National Environmental Balancing Bureau or the Associated Air Balance Council. Said individuals or firms must be engaged in balancing work on a full-time basis. Balance agencies that are of the same parent company as the designers or contractors of a particular project will not be considered for that project. Submit qualifications with letter of interest.

Interested individuals or firms in the infrared scan field must be an independent testing company using trained personnel who work full time on infrared testing projects. Personnel shall be familiar with the operation of the infrared camera and capable of analyzing the results. The infrared survey shall be done with a Model No. 750 infrared camera as manufactured by AGA Corporation of Secaucus, New Jersey, or equal. Submit qualifications with letter of interest.

Firms interested in providing these services should submit their qualifications, fees for their services, and geographical areas of the state in which they are willing to work to Roger C. Linneman, Division of Architectural Services, 625 Polk, Topeka 66603, (913) 233-9367.

It is the intention of the Division of Architectural Services to pre-approve a separate group of qualifying balancing contractors and firms performing infrared scans and award projects on a rotational basis. If a firm anticipates being limited to specific sized projects, by dollar volume or location in the state, that information should also be supplied with the response.

Any questions or expressions of interest should be directed to Roger Linneman on or before July 14.

EDWARD A. DE VILBISS, AIA

Director, Division of
Architectural Services

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Doc: No. 008006

State of Kansas

#### KANSAS STATE UNIVERSITY

#### NOTICE TO BIDDERS

Sealed bids for the item listed below will be received by the Kansas State University Purchasing Office, Manhattan, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 532-6214 for additional information.

Tuesday, July 11, 1989

#90143

Frequency Doubling Unit

WILLIAM H. SESLER Director of Purchasing

Doc. No. 008003

#### State of Kansas

#### KANSAS STATE UNIVERSITY

#### NOTICE TO BIDDERS

Sealed bids for the following items will be received by Kansas State University Purchasing Office, Manhattan, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 532-6214 for additional information.

Thursday, July 13, 1989

#90145

Supercomputer Computational Workstation and Engineering Graphics Workstations

WILLIAM H. SESLER Director of Purchasing

Doc. No. 008016

#### State of Kansas

## DEPARTMENT OF ADMINISTRATION DIVISION OF PURCHASES

#### NOTICE TO BIDDERS

Sealed bids for the following items will be received by the Director of Purchases, Landon State Office Building, 900 S.W. Jackson, Room 102, Topeka, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information.

Tuesday, July 11, 1989

#A-6181

University of Kansas—PROJECT A—ADDITION TO PARKING LOTS 54 AND 55; PROJECT B—PAVEMENT IMPROVEMENT, PARKING LOT 101 #27254

Larned State Hospital—ELECTRONIC

TYPEWRITER MAINTENANCE

#27456

Various state agencies—POTATO CHIPS AND RELATED PRODUCTS

#27476

Statewide—BAKERY PRODUCTS

#27515

Statewide—FROZEN FOODS

#27517

Statewide—SPICES AND MISCELLANEOUS GROCERIES

#27844

Various state agencies—PLASTIC DINNERWARE NON-DISPOSABLE

Wednesday, July 12, 1989

#A-5725(a)

University of Kansas—NORTH CORBIN HALL—SOUTH CORBIN HALL PHASE II—REPLACEMENT WINDOWS

Thursday, July 13, 1989

#80126

University of Kansas Medical Center—MAINFRAME CHANNEL EXTENSION

Friday, July 14, 1989

#27503

University of Kansas, Kansas State University, and Department of Administration, Division of Printing— GRAPHIC ARTS FILM AND SUPPLIES

#27841

Various state agencies—CHINA

#80130

Department of Education—OFFSET PRESS AND CAMERA PLATEMAKER

#80139

Department of Wildlife and Parks—AIRCRAFT REPAIR, Pratt

#80140

Kansas State University—SUN WORKSTATIONS AND UNIX-BASED NETWORK SERVER

Monday, July 31, 1989

#28048

Department of Wildlife and Parks—LIABILITY INSURANCE

#### REQUEST FOR PROPOSALS

Friday, July 14, 1989

#28052

KANSAS LOTTERY DRAW SHOWS FOR THE KANSAS LOTTERY

NICHOLAS B. ROACH Director of Purchases

## State of Kansas KANSAS RACING COMMISSION

## NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

A public hearing will be conducted at 9 a.m. Friday, August 4, in the training room, second floor, 128 N. Kansas Ave., Topeka, to consider the adoption of proposed temporary and permanent regulations and proposed temporary and permanent amendments to regulations of the Kansas Racing Commission. This 30-day notice is to constitute a public comment period for the purpose of receiving written public comments on these proposed regulations.

A copy of the full text of the regulations and the economic impact statement may be reviewed or obtained at the commission office, 128 N. Kansas Ave., Topeka 66603.

The following is a summary of the regulations:

K.A.R. 112-4-1, 112-4-3, 112-4-4, 112-4-5 and 112-4-8 include amendments of regulations concerning application for, inspection of, examination, financial responsibility and identification necessary to obtain and maintain any occupation license.

K.A.R. 112-4-10, 112-4-11 and 112-4-12 include amendments of regulations concerning the physical, medical and performance requirements for qualification as a jockey and

apprentice jockey.

K.A.R. 112-4-20 and 112-4-22 include amendments of regulations concerning the restrictions on the use of stable names, which aids in proper identification of horses to the wagering public, and a regulation concerning the ap-

plication for a temporary 30-day license.

K.A.R. 112-10-32 and 112-10-33 include the requirements and responsibilities of assistant animal health officers and practicing veterinarians at a greyhound track. These areas generally include prescription of medication to greyhounds, restrictions on compensation of animal health officers, placing or removing greyhounds from the veterinarian's list, decisions on treatment for injured greyhounds, qualifications of practicing veterinarians and reporting requirements of practicing veterinarians.

K.A.R. 112-10-34, 112-10-35 and 112-10-36 include the restrictions against the use of drugs or medication on greyhounds, requirements and procedures for the testing of greyhounds for the presence of drugs or medications and the procedures for supplying split samples for labo-

ratory testing.

K.A.R. 112-10-37 includes the responsibility for and procedures to be taken when conducting a post mortem examination.

JIMMY D. GRENZ Executive Director

Doc. No. 008025

#### State of Kansas

## STATE BANK COMMISSIONER STATE BANKING BOARD

#### NOTICE TO MEETING

The State Banking Board will meet at 9:30 a.m. Monday, July 17, in the conference room of the State Banking Department, Suite 300, 700 Jackson, Topeka. The board reviews matters relating to its supervisory authority set forth in K.S.A. 9-1801 et seq.

W. NEWTON MALE State Bank Commissioner

Doc. No. 008030

## State of Kansas DEPARTMENT OF HEALTH AND ENVIRONMENT

#### **PUBLIC NOTICE**

The Secretary of the Kansas Department of Health and Environment is proposing to issue an air quality permit to Shilling Construction Company, Manhattan, for installation and operation of a drum-mix asphalt plant to be initially located in the SW/4 of section 14, township 16, range 6 of Morris County. The permit would be issued in accordance with Kansas administrative regulation 28-19-14. Permits Required.

This plant is equipped with a particulate control device and a fabric filter, which can effectively control particulate emissions when operated according to the manufacturer's instructions. This plant is to undergo performance tests to verify that the plant can operate in compliance with applicable state pollution-control regulations when operating at a production rate that does not exceed the rate at which the performance tests are conducted.

Written materials related to this permit action, including the application, permit summary and draft permit are available for inspection through July 31 by contacting Eugene E. Sallee, KDHE, Bureau of Air Quality and Radiation Control, Forbes Field, Topeka 66620, (913) 296-1575.

Kansas Statutes Annotated 65-3008 provides that any person affected by the issuance of a permit can request a public hearing prior to issuance of the permit. The request must be in writing and addressed to the Secretary, Kansas Department of Health and Environment, Landon State Office Building, 900 S.W. Jackson, Topeka 66612. If the secretary determines the request presents sufficient reason, a hearing will be conducted—the place, date and time of which will be announced in this publication. Requests for hearing and comments on the proposed permit must be submitted to the secretary on or before July 31.

STANLEY C. GRANT Secretary of Health and Environment

State of Kansas

## DEPARTMENT OF HEALTH AND ENVIRONMENT

#### PUBLIC NOTICE

The Secretary of the Kansas Department of Health and Environment is proposing to issue an air quality permit to Smoky Hill, Inc., Salina, for installation and operation of a portable ready-mix concrete plant to be located at the Martin-Johnson Airport in Chanute. The permit would be issued in accordance with Kansas administrative regulation 28-19-14, Permits Required.

Estimates of emissions by the Bureau of Air Quality and Radiation Control (BAQRC) using federal emission factors have shown that the portable ready-mix concrete plant can be expected to meet applicable emission limits.

Written materials related to this permit action, including the application, permit summary, draft permit and the analysis of the BAQRC describing the basis for this proposed permit are available for public inspection through July 31 by contacting Lynn Ranabargar at the BAQRC office, 1500 W. 7th, Chanute, (316) 431-2390, and at Building 740, Forbes Field, Topeka.

Kansas Statutes Annotated 65-3008 provides that any person affected by the issuance of a permit can request a public hearing prior to issuance of the permit. The request must be in writing and addressed to the Secretary, Kansas Department of Health and Environment, Landon State Office Building, 900 S.W. Jackson, Topeka 66612. If the secretary determines the request presents sufficient reason, a hearing will be conducted—the place, date and time of which will be announced in this publication. Requests for hearing and comments on the proposed permit must be submitted to the secretary on or before July 31. Questions concerning the proposed permit or public hearing should be directed to Dave Pellett, (913) 296-1573.

STANLEY C. GRANT Secretary of Health and Environment

Doc. No. 008023

#### State of Kansas

## DEPARTMENT OF HEALTH AND ENVIRONMENT

#### **PUBLIC NOTICE**

The Secretary of the Kansas Department of Health and Environment is proposing to issue an air quality permit to Mobil Oil Corp., Denver, Colorado, for installation and operation of a reciprocating engine driven gas compressor to be located at Section 35, T26S, R34W, Finney County. The permit would be issued in accordance with Kansas administrative regulation 28-19-14, Permits Required.

Air pollutant dispersion modeling studies of the nitrogen dioxide (NO<sub>2</sub>) emissions estimated to be emitted from the gas compressor for the operating schedule reported have been conducted by the Bureau of Air Quality and Radiation Control (BAQRC). These studies have predicted that operation of this gas compressor will result in the

NO<sub>2</sub> ambient air concentration in the vicinity remaining below the national ambient air quality standard (NAAQS) for NO<sub>2</sub>.

Written materials related to this permit action, including the application, permit summary, draft permit and the modeling studies describing the basis for the proposed permit are available for public inspection through July 31 by contacting Wayne Neese at the BAQRC office at 302 W. McArtor Road, Dodge City, (316) 225-0596, and at Building 740, Forbes Field, Topeka. Questions concerning this permit action should be directed to L.C. Hinther, Topeka BAQRC office, (913) 296-1576.

Kansas Statutes Annotated 65-3008 provides that any person affected by the issuance of a permit can request a public hearing prior to issuance of the permit. The request must be in writing and addressed to the Secretary, Kansas Department of Health and Environment, Landon State Office Building, 900 S.W. Jackson, Topeka 66612. If the secretary determines the request presents sufficient reason, a hearing will be conducted—the place, date and time of which will be announced in this publication. Requests for hearing and comments on the proposed permit must be submitted to the secretary on or before July 31.

STANLEY C. GRANT Secretary of Health and Environment

Doc. No. 008011

#### State of Kansas

### DEPARTMENT OF HEALTH AND ENVIRONMENT

#### NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

The Kansas Department of Health and Environment will conduct a public hearing at 10 a.m. Monday, July 17, in the auditorium of the Topeka-Shawnee County Health Department, 1615 W. 8th, Topeka, to consider the adoption of amended permanent regulations K.A.R. 28-19-7, 28-19-8, 28-19-14, 28-19-16a, 28-19-17a, 28-19-17b, 28-19-17c, 28-19-17g, 28-19-17i, 28-19-20, 28-19-21, and 28-19-56.

Following are the amendments that are being proposed in response to the Environmental Protection Agency's final rule promulgated July 1, 1987, which changed the national ambient air quality standards to particulate matter.

#### K.A.R. 28-19-7

This regulation is amended by adding new definitions of "PM<sub>10</sub>" and "Total Suspended Particulate," and by modifying the definition of "Particulate Matter."

#### K.A.R. 28-19-8, 28-19-14, 28-19-16a, 28-19-20, 28-19-21

The amendments in these regulations are: (i) to change the effective date of the federal regulations, which are adopted by reference; (ii) to include significant emission rate for PM<sub>10</sub>; (iii) to change terminology to provide consistency with the definition in regulation 28-19-7; and (iv) to delete the definition of "Significantly contribute," since

this requirement has been adopted by reference in the Prevention of Significant Deterioration (PSD) rule (K.A.R. 28-19-17).

#### K.A.R. 28-19-17a

The amendments in this regulation are: (i) to add the effective date of the federal regulation, which is adopted by reference; and (ii) to clarify the meaning of the term "particulate matter."

#### K.A.R. 28-19-17b

This regulation is amended by adding the requirements of federal regulation 40 CFR 51.165(b) (1 through 4) that apply to new major sources or major modifications in areas that are designated attainment or unclassified and will impact on areas where air quality standards are being met.

#### K.A.R. 28-19-17(c), 28-19-17g, 28-19-17i

These regulations are amended to include the effective date of federal regulations, which are adopted by reference.

#### K.A.R. 28-19-56

This regulation is amended by deleting reference to the measurement of air pollution levels in terms of soiling index, since this index is no longer used. Air pollution alert, warning, and emergency levels for suspended particulate are replaced by  $PM_{10}$  levels.

There will be no added economic impact upon the Department of Health and Environment or other government agencies because the required sampling equipment has already been replaced and comparable evaluations will be done for PM<sub>10</sub> as with TSP. There will be no added economic impact upon the sources emitting particulate matter since they are not required to revise their existing control measures due to these actions. These amendments will not result in an economic impact upon the general public.

Copies of the proposed amended rules and regulations and a complete economic impact statement pertaining to them may be obtained by contacting John Irwin, Kansas Department of Health and Environment, Forbes Field,

Topeka 66620-0001, (913) 296-1542.

The time period between the publication of this notice and the scheduled hearing constitutes a public comment period for the purpose of receiving written public comments on the proposed amended rules and regulations. All interested parties may submit such comments prior to the hearing by mailing them to the address above. All interested parties also will be given a reasonable opportunity at the hearing to present their views orally or in writing concerning the adoption of the proposed amended rules and regulations.

Following the hearing, all written and oral comments submitted by interested parties will be considered as the

basis for making changes in these proposals.

STANLEY C. GRANT Secretary of Health and Environment State of Kansas

## DEPARTMENT OF HEALTH AND ENVIRONMENT

### NOTICE CONCERNING KANSAS WATER POLLUTION CONTROL PERMIT

In accordance with state regulations 28-16-57 through 63 and 28-18-1 through 4, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, a tentative permit has been prepared for the water pollution abatement facilities for the feedlot described below. The tentative determinations for permit content are based on preliminary staff review applying the appropriate standards and regulations of the state of Kansas and the EPA. The permit requires control of any existing or potential discharges to achieve the goal of "no discharge" whenever possible. The permit, upon issuance, will constitute a state water pollution control and national pollutant discharge elimination system permit.

Name and Address of Applicant

Cheyenne County Feedyard Route 2, Box 109 St. Francis, KS 67756 Legal Description NE/4, Section 31, Township 4S, Range 39W, Cheyenne County, Kansas Receiving Water Upper Republican River Basin

Kansas Permit No. A-URCN-CO01 Fed. Permit No. KS-0079677
The feedlot has capacity for approximately 12,000 cattle and a contributing drainage area of approximately 115 acres.

Runoff Control Facilities: Feedlot runoff is impounded for subsequent disposal upon agricultural land. Storage capabilities are provided in excess of 34 acre-feet.

Compliance Schedule: None, existing controls adequate.

Written comments on the proposed NPDES permit may be submitted to Bethel Spotts, Permit Clerk, Permits and Compliance Section, Kansas Department of Health and Environment, Division of Environment, Bureau of Water Protection, Forbes Field, Topeka 66620. All comments received prior to July 28 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate application number (KS-AG-89-19) and name of applicant as listed when preparing comments.

If no objections are received, the Secretary of Health and Environment will issue the final determinations within 30 days of this notice. If response to this notice indicates significant public interest, a public hearing may be held in conformance with state regulation 28-16-61.

The application, proposed permit, special conditions, fact sheets as appropriate, comments received, and other information are on file and may be inspected at the Kansas Department of Health and Environment offices, Building 740, Forbes Field, Topeka, from 8 a.m. to 4:30 p.m. Monday through Friday.

The documents are available upon request at the copying cost assessed by KDHE. Additional copies of this public notice also may be obtained at the Division of

Environment.

STANLEY C. GRANT Secretary of Health and Environment

Doc. No. 008012

## State of Kansas BOARD OF EDUCATION

## NOTICE OF AVAILABLE FEDERAL FUNDING FOR ADULT HOMELESS LITERACY TRAINING

Pursuant to Section 702 of the Stewart B. McKinney Homeless Assistance Act, P.L. 100-77, as amended, notification of available federal funding for adult homeless literacy training is announced.

The McKinney Act provides federal financial assistance to states to develop adult literacy training and basic skills remediation programs for the adult homeless. The state has designated \$25,000 to fund each of two pilot projects. Applications will be accepted until August 16.

For further information and an application, contact Sandra Suttle, State and Federal Programs, State Department of Education, 120 E. 10th, Topeka 66612, (913) 296-6066.

DR. LEE DROEGEMUELLER Commissioner of Education

Doc. No. 008024

## State of Kansas DEPARTMENT OF ADMINISTRATION

## PERMANENT ADMINISTRATIVE REGULATIONS

## Article 62.—HANDICAPPED ACCESSIBILITY STANDARDS

1-62-1. Handicapped accessibility standards. Subject to the additional provisions of K.S.A. 58-1301 et seq., all public buildings and facilities in this state, and additions thereto, and all governmental buildings and facilities in this state, and additions thereto, shall conform to the American National Standards Institute, Inc. specifications, designated ANSI A-117.1-1986, for making buildings and facilities accessible to, and usable by, the physically handicapped, which specifically were approved February 5, 1986, by the American National Standards Institute, Inc., 1430 Broadway, New York, New York 10018. Any public building or facility or any governmental building or facility, or any addition to any such building or facility, to which the provisions of K.S.A. 58-1301 were applicable prior to the effective date of this regulation, shall be governed by the provisions of that section which were in effect on the date the contract for design of such public building or facility or such governmental building or facility, or addition thereto, was entered into. (Authorized by and implementing K.S.A. 58-1301; effective August 14, 1989.)

SHELBY SMITH Secretary of Administration

Doc. No. 007999

## State of Kansas BOARD OF AGRICULTURE

## PERMANENT ADMINISTRATIVE REGULATIONS

#### Article 1.—AGRICULTURAL CHEMICALS

4-1-17. Registration fee. The annual registration fee for each registered agricultural chemical shall be \$130.00 for registration periods beginning on and after December 31, 1989 regardless of the date when the registration is received. (Authorized by K.S.A. 2-2204 as amended by 1989 SB 398, K.S.A. 2-2205; implementing K.S.A. 2-2204 as amended by 1989 SB 398; effective, T-83-35, Nov. 10, 1982; effective May 1, 1983; amended, T-88-46, Nov. 10, 1987; amended, May 1, 1988; amended, T-\_\_\_\_\_\_, \_\_\_\_; amended Aug. 14, 1989.)

#### Article 2.—AGRICULTURAL SEED

**4-2-17.** (K.S.A. 2-1425; implementing K.S.A. 2-1425; effective May 1, 1983; revoked T-\_\_\_\_\_; revoked Aug. 14, 1989.)

4-2-17a. Schedule of charges for seed tests. (a) Any person may submit to the state seed laboratory samples of agricultural seed for germination, purity tests, or both, or other examination and receive the test upon paying to the secretary a fee per sample, test or examination. The following charges shall be made for all seed tests on samples submitted to the state seed laboratory:

	URITY -			
	ONLY			
•	VITH			NOXIOUS
	XIOUS.			WEEDS
	VEED UNATION	GERMINATION ONLY	FULL	EXAMINATION
L. L	INVALION	ONLI	TEST	ONLY
	9.00	\$ 5.00	\$14.00	·
ALFALFA	10.00	5.00	15.00	5.00
AGROTRITICUM	9.00	5.00	14.00	5.00
BARLEY	9.00	5.00	14.00	5.00
BLUESTEM (BIG,				0.00
	5.00	20.00	45.00	5.00
BERMUDA &		• 1		. 0.00
	2.00	5.00	17.00	5.00
	2.00	5.00	17.00	5.00
	1.00	11.00	22.00	5.00
	2.00	6.00	18.00	5.00
	9.00	6.00	15.00	5.00
	0.00	5.00	15.00	5.00
CORN _		5.00		
	3.00	6.00	19.00	5.00
	7.00	5.00	12.00	5.00
	1.00	8.00	18.00	5.00
	0.00	5.00	15.00	5.00
	7.00	12.00	29.00	5.00
	9.00	13.00	17.00	5.00
	5.00	20.00	45.00	5.00
	D.00	5.00	15.00	5.00
	1.00	8.00	18.00	5.00
	3.00	5.00	13.00	5.00
	9.00	5.00	14.00	5.00
	2.00	6.00	18.00	5.00
	0.00	6.00	16.00	5.00
	0.00	6.00	15.00	5.00
	.00	5.00	14.00	5.00
	.00	5.00	16.00	5.00
	.00	5.00	13.00	5.00
	.00	5.00	14.00	5.00
SOYBEANS 9	.00	5.00	14.00	
SAND DROPSEED 11	.00	8.00	18.00	5.00
SUDANGRASS 9	.00	5.00	14.00	5.00

SWITCHGRASS	10.00	7.00	17.00	5.00
TIMOTHY	8.00	5.00	13.00	5.00
VETCH	7.00	5.00	12.00	5.00
VETCH (CROWN)	10.00	5.00	15.00	5.00
WHEAT	9.00	5.00	14.00	5.00
WHEATGRASSES	13.00	7.00	20.00	5.00
TRITICALE	9.00	5.00	14.00	5.00
SIDEOATS GRAMA	25.00	20.00	45.00	5.00
PRAIRIE CONEFLOWER	10.00	5.00	15.00	5.00
WINTERBERRY	11.14		****	
EUONONYMUS	10.00	5.00	15.00	5.00
VEGETABLES		5.00	<u> </u>	
CREEPING FOXTAIL	٠ ـــــــ	7.00	, <del></del> '	· <del></del>

Fees for examining or testing crops not listed shall be charged at same rate as for similar species listed.

(b) Special services and tests. Mixtures shall be charged at 50% over normal rate of purity separations, plus an additional 50% of the normal germination charge for each additional crop specie germinated.

(1) "Purity ahead" on written report. A charge of \$5.00 shall be made for each purity report that is prepared and

mailed prior to germination report.

(2) "Purity ahead" or any other information requested by telephone. A charge of \$1.00 shall be made for each long distance telephone call via the Kans-a-n system.\*

(3) "Tetrazolium test." "Tetrazolium tests" (TZ tests) shall be handled as a rush service whenever possible. TZ testing shall be limited to small grains, corn, soybeans, sorghums, bromegrass, fescues and switch-grass. The charge shall be \$10.00. All results of TZ tests will be reported by telephone free of charge.

(4) "Soybean stress test." The charge for AA-stress test will be \$5.00 if submitted separately, or \$9.00 for both an AA test and a standard germination performed on the

same sample concurrently.

(5) "All states noxious weed examination." The charge for this test shall be \$5.00 extra per sample.

(6) "Any state noxious weed examination." The charge

for this test shall be \$5.00 extra per sample.

(7) "Excessive time." No additional charge will be made for difficult samples when the seed appears to be fit for seeding purposes or when the seed can be processed to a salable quality.

(8) "Caryopsis count Buffalo grass." The charge for this

test shall be \$10.00 extra per sample.

(9) "Filled seed count." The charge for this test shall

be \$5.00 extra per sample.

(10) "Rush charge." The charge for this service shall be \$5.00 extra per sample. This charge shall apply to all tests for which expedited service is requested.

(c) This regulation shall be in force and effect on and after July 1, 1989. (Authorized and implementing K.S.A. 2-1425 as amended by 1989 HB 2133; effective T-\_\_\_\_\_,

\_\_\_\_; effective Aug. 14, 1989.)

#### Article 4.—COMMERCIAL FERTILIZER

4-4-2. Inspection fee. The inspection fee for commercial fertilizers shall be \$1.70 per ton of 2,000 pounds. The fee shall apply to fertilizer sold on and after July 1, 1989. (Authorized by and implementing K.S.A. 2-1205 as amended by 1989 SB 398; effective, T-83-35, Nov. 10, 1982; effective May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended, T-87-6, May 1, 1986,

amended May 1, 1987; amended, T-\_\_\_\_, \_\_\_\_; amended Aug. 14, 1989.)

SAM BROWNBACK Secretary of Agriculture

Doc. No. 008000

# State of Kansas BOARD OF AGRICULTURE DIVISION OF WEIGHTS AND MEASURES

### PERMANENT ADMINISTRATIVE REGULATIONS

## Article 25.—TECHNICAL REQUIREMENTS FOR WEIGHING AND MEASURING DEVICES

99-25-1. Adoption by reference. Except for the codes pertaining to lubricating oil bottles and grain moisture meters, all of the specifications, tolerances, and other technical requirements for commercial, law enforcement, data gathering and other weighing and measuring devices as adopted by the national conference on weights and measures and as published by the National Bureau of Standards, Washington, D.C. 20304, in the National Bureau of Standards Handbook 44 entitled "specifications, tolerances and other technical requirements for weighing and measuring devices" as amended and supplemented on January 1, 1989, is hereby adopted by reference and shall apply to weighing and measuring devices in the state. Copies of this material or the pertinent portions of it are available from the office of weights and measures, division of inspections of the state board of agriculture, Topeka, Kansas. (Authorized by and implementing K.S.A. 1988 Supp. 83-207; effective May 1, 1979; amended May 1, 1981; amended May 1, 1986; amended Aug. 14, 1989.)

99-25-3. Certificate of conformance. (a) No person shall use any weight or measure or any weighing or measuring instrument or device for commercial purposes within the state of Kansas unless a certificate of conformance has been obtained for the weight or measure or weighing or measuring instrument or device prior to its use for commercial purposes within the state of Kansas.

(b) For the purposes of this regulation, a "certificate of conformance" means a document issued by the National Bureau of Standards or other authorized laboratory establishing that the weight or measure or weighing or measuring instrument or device meets the requirements of the National Bureau of Standard's Handbook 44 as

adopted by reference in K.A.R. 99-25-1.

(c) This regulation shall not apply to terminal meters and pipeline meters manufactured prior to May 1, 1986. (Authorized by and implementing K.S.A. 1988 Supp. 83-207; effective May 1, 1986; amended Aug. 14, 1989.)

SAM BROWNBACK Secretary of Agriculture

#### State of Kansas

#### KANSAS INSURANCE DEPARTMENT

### PERMANENT ADMINISTRATIVE REGULATIONS

#### Article 3.—FIRE AND CASUALTY INSURANCE

**40-3-45.** Fire and casualty insurance; rate filings; investment income; requirements. (a) Every rate filing required by K.S.A. 1988 Supp. 40-928 and 40-1113 shall include specific consideration of earnings or losses resulting from the investment of assets equal in amount to the unearned premiums and loss reserves of the company or companies making the filing.

(b) Such earnings or losses shall consist of the historical after-tax rate of return on net worth derived from investments and shall be calculated by developing an average rate of return as a percent of earned premiums as

follows:	F	
Unearned Premium:		
(1) Direct earned premium in Kansas		
latest calendar year		e
(2) Mean unearned premiums:		φ
a. Direct Kansas unearned premium reserves		
@12/31 latest calendar year		
b. Direct Kansas unearned premium reserves		-
@12/31 penultimate calendar year		
c. Mean unearned premium $1/2(a + b)$	7	-
(3) Deduction for delayed remission of premium		
a. Direct country wide earned premium		
latest calendar year		_
b. Direct agents' balances @12/31	,	
latest calendar year		_
c. Direct agents balances @12/31		
penultimate calendar year		
d. Mean agents' balance 1/2(b + c)		
e. Ratio d ÷ a		
f. Deduction for delayed remission of premium		
(1) x (3e)		
(4) Deduction for prepaid expenses:		
a. Net premium earned		
b. Commission and brokerage		
c. 50% of other acquisition cost		
d. 50% of general expense	<u> </u>	
e. Taxes, licenses and fees		
f. Total prepaid expenses $b + c + d + e$		
g. Ratio (f) ÷ (a)		
h. Deduction for prepaid expenses (2c) x (4g)		
(5) Net subject to investment (2c) - (3f) - (4h)	-	<del></del>
oss reserves:		
(6) Expected incurred losses		
(1) x (permissible loss ratio)		
(7) Expected mean loss reserves:		
a. Direct Kansas loss reserve @12/31		
latest calendar year		
b. Direct Kansas loss reserve @12/31	•	
penultimate calendar year		
c. Mean loss reserve for latest calendar year 1/2(a + b)		-
d. Direct Kansas incurred losses for		
latest calendar year		
e. Ratio c/d	<del></del>	
f. Direct Kansas loss reserve @12/31	<del>.</del>	
penultimate calendar year		
g. Direct Kansas loss reserve @12/31	<del></del>	
antepenultimate calendar year		
h. Mean loss reserve for penultimate		
calendar year $1/2(f + g)$		
i. Direct Kansas incurred losses for		
penultimate calendar year		
- , , , , , , , , , , , , , , , , , , ,		,

	j. Ratio h/i		
	k. Average 1/2(e + j)		
	l. Expected mean loss reserves (6) x (7k)		
(8)	Expected mean loss and loss adjustment		
	expense reserve:		
	a. Countrywide net loss reserves @12/31		
	latest calendar year		
	b. Countrywide net loss reserves @12/31		
	penultimate calendar year		
	c. Mean net loss reserve 1/2(a + b)		**
	d. Countrywide net loss adjustment expense		
	reserve @12/31 latest calendar year		
	e. Countrywide net loss adjustment expense		
	reserve @12/31 penultimate calendar year		
	f. Mean net loss adjustment expense reserve		
	$^{1}/_{2}(d + e)$		
	$g. 1 + (f \div c)$		· · · · · · · · · · · · · · · · · · ·
	h. Expected mean loss and loss adjustment		
	expense reserve (71) x (8g)		
Total:			
	Total net subject to investment (5) + (8h)		
	Pre-tax rate of return:	•	
(10)	a. Net investment income for latest calendar		
	year		
	b. Assets available for investment @12/31		
	latest calendar year		
	c. Assets available for investment @12/31		
	penultimate calendar year		
	d. Mean assets available for investment		
	1/2(b + c)		
	e. Pre-tax rate of return (a) ÷ (d)	-	
(11)	Investment earnings on total net subject to	-	
()	investment (9) x (10e)		
(12)	a. Federal income tax on investment earnings	-	
()	b. Adjustment to line (a) due to federal income	<del></del>	
	tax changes (specify)		
	c. Net federal income tax on investment earn-		
	ings (12a) + or - (12b)		
(13)	Average rate of return as a percentage of earned	-	
(=0)	premiums ((11j) - (12c)) ÷ (1)		
	- " " " ',		-
(c)	Approval may be granted with respect to r	ates v	vhich
reflect	consideration of investment results thro	ugh a	-ilga
	of any actuarially sound methodology. I		

(c) Approval may be granted with respect to rates which reflect consideration of investment results through application of any actuarially sound methodology. In all cases the methodology required by this regulation to develop the investment income required to be considered shall be applied. Rate filings must demonstrably indicate that the investment income was given appropriate consideration in the development of the proposed rates.

(d) The information and calculations required by section (b) of this regulation shall be submitted with each rate filing on a form prescribed by the commissioner. (Authorized by K.S.A. 40-103, 40-937; implementing K.S.A. 1988 Supp. 40-927 and 40-1112; effective Aug. 14, 1989.)

FLETCHER BELL Commissioner of Insurance

## State of Kansas KANSAS RACING COMMISSION

#### TEMPORARY ADMINISTRATIVE REGULATIONS (Effective June 22, 1989)

The complete text of the following regulations has not been published because of its length and the resulting cost of publication. Copies of the complete text of any of the following regulations may be obtained by contacting the Kansas Racing Commission, 128 N. Kansas Ave., Topeka 66603, (913) 296-5800.

### Article 12.—KANSAS HORSE BREEDING DEVELOPMENT FUND

- 1. 112-12-2. Kansas horse breeding development fund, stallion eligibility certificate. This regulation outlines the application requirement for registration and certification of a stallion to stand for stud in Kansas. Compliance with these requirements will allow foals of the stallion to be Kansas bred horses. The regulation's intent is to allow the stallion owner to receive stallion award money from the Kansas Horse Breeding Development Fund.
- 2. 112-12-3. Kansas horse breeding development fund, breeding report. This regulation maintains the integrity of the certification of a stallion in the Kansas Bred Program by creating a record of each mare bred to a certified stallion.
- 3. 112-12-4. Kansas horse breeding development fund, mare eligibility certificate. This regulation outlines the application requirements for registration and certification of a mare to allow foals of the mare to be Kansas bred horses and to allow the mare's owner to receive breeders' award money from the Kansas Horse Breeding Development Fund.
- 4. 112-12-5. Classes of Kansas bred horses. This regulation defines three classes of Kansas bred horses whose sires or dams may be eligible for purses or awards from the Kansas Horse Breeding Development Fund. The regulation identifies for Kansas horse owners the amount of award that may be available to the owners' sires or dams of Kansas bred horses.
- 5. 112-12-6. Registration of Class A, B, and C Kansas bred horses. This regulation outlines the requirements for the owner or agent of a foal or horse to register the animal in the Kansas Horse Breeding Development Fund. Compliance with these requirements creates a registry of horses that qualify for the Kansas bred or Kansas owned races, and also a registry of horses qualified for Kansas registered stallion or breeder awards.
- 6. 112-12-7. Registration of Kansas domiciled horses. This regulation allows any owner or lessee of a horse that does not otherwise qualify as Kansas bred to register the horse with the Kansas Horse Breeding Development Fund Registry. This regulation allows registration of horses determined to be an enhancement to the quality of Kansas bred racing stock in Kansas.
- 7. 112-12-8. Kansas registered stallion awards. This regulation outlines the requirements for the owner of a Kansas registered stallion to receive an award from the Kansas Horse Breeding Development Fund. The owner of the stallion receives an award when the stallion's foal, whether it be a Class A, B, or C foal, wins a race in

Kansas that has been designated for the award. This regulation encourages the conception and registration of horses that ultimately may enhance the quality of racing stock in Kansas.

- 8. 112-12-9. Kansas bred mare awards. This regulation outlines the requirements for the owner of a Kansas registered mare to receive an award from the Kansas Horse Breeding Development Fund. The owner of a registered mare receives an award when the mare's foal, whether it be a Class A, B, or C foal, wins any race in Kansas that has been designated for the award. This regulation encourages the conception and registration of horses that ultimately may enhance the quality of racing stock in Kansas.
- 9. 112-12-10. Kansas bred or Kansas owned races. This regulation requires the organization licensee to schedule at least one race daily that is limited to Kansas bred or Kansas owned horses. This regulation also requires the organization licensee to file with the commission and the official registering agency the information necessary to verify that the race has been run and to whom purses and awards were paid.
- 10. 112-12-11. Kansas horse breeding development fund, registration and certification of eligibility fees. This regulation outlines the requirements for each owner or agent to make payment to defray the administrative costs of maintaining a registry of Kansas bred horses and stallion and mare eligibility registries.
- 11. 112-12-12. Registration of horses dropped before January 1, 1989. This regulation allows the immediate start up of a registry of horses that ultimately may enhance the quality of Kansas bred racing stock without the delay of breeding seasons, gestation periods, and the time that must be taken for a foal to develop into a two- or three-year-old horse that is capable of racing.
- 12. 112-12-13. Administration of the Kansas horse breeding development fund by the official registering agency. This regulation outlines the prohibited acts that will result in the denial of an application for registration of a Kansas bred or Kansas domiciled horse or denial of a certificate of eligibility of a stallion or mare. By its prohibited acts, the regulation ensures the repeated goal of enhancement of racing stock in Kansas. This regulation also ensures that denial of a certificate of registration shall not cause the revocation of the registration of a foal conceived before the date of the revocation of the eligibility certificate.

JIMMY D. GRENZ Executive Director

State of Kansas

# LEGISLATIVE ADMINISTRATIVE SERVICES 1989 INTERIM STUDY PROPOSALS AND COMMITTEE ASSIGNMENTS

#### SPECIAL COMMITTEE ON AGRICULTURE AND LIVESTOCK

Rep. Susan Roenbaugh, Vice-Chairperson
Rep. Bill Bryant
Rep. Aldie Ensminger
Rep. Joann Flower
Rep. Delbert Gross
Rep. Lee Hamm\*
Rep. Bruce Larkin
Rep. Artie Lucas
Rep. Gayle Mollenkamp

Rep. Don Rezac

\* Ranking minority member.

Research Department - Primary Staff

Contact (296-3181) Raney Gilliland Lynne Holt Senate

Sen. Jim Allen, Chairperson Sen. Norma Daniels

Sen. Ross Doyen Sen. Janice McClure Sen. Don Montgomery Sen. Don Sallee

Sen. Doug Walker

Revisor of Statutes Office – Primary Staff Contact (296-2321)

**Jill Wolters** 

#### Proposal No. 1 -- Dairy Law Review

Review the current Kansas dairy laws and determine whether modifications in existing statutes are needed.

#### Proposal No. 2 -- Agricultural Value-Added Processing Center

Monitor the activities of the Agricultural Value-Added Processing Center and make any recommendations for improvements deemed appropriate.

#### Proposal No. 3 -- Insufficient Checks for Preexisting Debt

Consider the existing penalties for the issuance of insufficient checks for payment of preexisting debts, review the provisions of 1989 H.B. 2068 concerning this issue, and recommend changes with respect to the imposition of penalties.

#### Proposal No. 4 - Kansas Seed Law

Review the current Kansas Seed Law and 1989 H.B. 2489 and make recommendations for changes in the Seed Law to more effectively protect both the state's buyers and sellers of seed.

#### Proposal No. 5 -- Drought Assessment

Monitor the drought situation in the state, consider what measures the state might take to reduce the impact of drought, and make recommendations for legislative action, if appropriate.

#### Proposal No. 6 -- Agricultural Experiment Station

Review the role and mission of the Agricultural Experiment Station to determine if any changes are needed and make recommendations pertaining thereto.

#### Proposal No. 7 -- Organic Farming

Study the need for legislation that would establish standards for organically produced crops and livestock, consider the provisions of 1989 S.B. 173 which would have established such standards, and recommend any needed legislation regulating organically grown crops or livestock.

#### SPECIAL COMMITTEE ON ASSESSMENT AND TAXATION

Senate House Sen. Dan Thiessen, Vice-Chairperson Rep. Keith Roe, Chairperson Sen. Jim Francisco Rep. Javne Avlward Sen. Audrey Langworthv Rep. Rex Crowell Sen. Phil Martin\* Rep. Cindy Empson Sen. Don Montgomery Rep. LeRov Frv Sen. Lana Oleen Rep. Bill Roy Rep. Michael Sawver Sen. Marge Petty Rep. Gene Shore

Research Department - Primary Staff Contact (296-3181)

\* Ranking minority member:

Tom Severn **Chris Courtwright** 

Rep. Marvin Smith Rep. Joan Wagnon

> Revisor of Statutes Office - Primary Staff Contact (296-2321) Don Hayward Bill Edds

Proposal No. 8 -- Reappraisal and Classification

Monitor the implementation of reappraisal and classification and study related issues, including the impact on commercial real property; the implementation of the reappraisal circuit breaker; how adverse influences have been taken into account for the use valuation of agricultural land: reporting requirements for business machinery and equipment; the status of the property tax administrative calendar; reappraisal maintenance funding for counties; and the future of the assessment/sales ratio study; also, review valuation data from counties as the appeals process concludes and note the implications for estimated mill levies.

#### Proposal No. 9 -- Motor Vehicle Revenue Shortfalls

Study the impact of reappraisal and classification on motor vehicle taxes and the motor carrier property tax and make whatever recommendations are necessary to alleviate large shortfalls in revenue therefrom.

#### Proposal No. 10 -- Taxation of Retired Military Personnel

Monitor the status of legal and administrative proceedings in Kansas and other states regarding the taxation of military retirement income; examine state tax treatment of retired military personnel in general, including any changes in federal law necessary to permit taxation of on-base sales.

#### Proposal No. 11 - Taxation of Vending Machine Sales

Review the application of the sales tax to vending machine sales and study alternative forms of taxation, including the proposal in H.B. 2533.

#### Proposal No. 12 -- Ethyl Alcohol Producer Incentive Fund

Review possible alternative sources of funding for the Ethyl Alcohol Producer Incentive Fund, which is scheduled to sunset on July 1, 1990.

#### Proposal No. 13 -- Neighborhood Assistance Tax Credits

Study the policy implications and potential fiscal impact of S.B. 176, the Neighborhood Assistance Tax Credit Act, which would allow income tax credits for expenditures or contributions for community improvement programs, and recommend whether such legislation should be enacted.

#### SPECIAL COMMITTEE ON CORRECTIONS/MENTAL HEALTH'

Sen. Paul Burke, Vice-Chairperson Rep. David Heinemann, Chairperson Sen. Roy Ehrlich Rep. Gary Blumenthal Sen. Frank Gaines Rep. Arthur Douville Sen. Joseph Harder Rep. Duane Goossen Rep. Henry Helgerson Sen. Michael Johnston (continued)

Rep. Anthony Hensley

Rep. Kenneth King

Rep. Phil Kline

Rep. Jo Ann Pottorff

Rep. Kathleen Sebelius

\* Ranking minority member.

Research Department - Primary Staff

Contact (296-3181)

Russ Mills Kathy Porter Sen. Nancy Parrish\* Sen. Alicia Salisbury

Revisor of Statutes Office - Primary Staff Contact (296-2321)

Jim Wilson

Proposal No. 14 -- Corrections Staffing Patterns

Review the staffing patterns in Department of Corrections' facilities, turnover rates, and related issues affecting retention of staff.

Proposal No. 15 -- Inmate Programs

Review the educational, vocational, substance abuse, sex offender, mental health counseling, and other programs provided to inmates by the Department of Corrections.

Proposal No. 16 -- Community Corrections

Examine community corrections, including the expansion of community corrections programs in additional counties, operations of the grant procedure, and role of the Department of Corrections in administering the law.

Proposal No. 17 -- Mental Health

Review mental health issues, focusing on H.B. 2577, H.B. 2578, and H.B. 2579.

Proposal No. 18 -- Mental Health Professionals

Examine alternatives for recourse and redress available to consumers who are victims of sexual exploitation by mental health and counseling professionals.

#### SPECIAL COMMITTEE ON ENERGY AND NATURAL RESOURCES

#### House

Rep. Dennis Spaniol, Vice-Chairperson Sel

Rep. Rick Bowden

Rep. Jeff Freeman Rep. Ken Grotewiel\*

Rep. Carl Holmes

Rep. Katha Hurt

Rep. Jack Lacey

Rep. Kerry Patrick

Rep. Debbie Schauf

Rep. Vern Williams

\* Ranking minority member.

#### Research Department - Primary Staff

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Lynne Holt

Raney Gilliland

Laura Howard

Senate

Sen. Don Sallee, Chairperson

Sen. Norma Daniels

Sen. Roy Ehrlich

Sen. Sheila Frahm

Sen. Janis Lee

Sen. Dan Thiessen

Sen. Doug Walker

Revisor of Statutes Office – Primary Staff Contact (296-2321) Mary Ann Torrence

Proposal No. 19 - Underground Storage Tanks and State Water Plan Funding

Review provisions of 1989 S.B. 398, which enacted the Kansas Storage Tank Act and financing of the State Water Plan, with specific attention to the mechanics of the Petroleum Storage Tank Release Trust Fund; examine other states' policies concerning the federal financial responsibility requirements for underground storage tank operators; and consider alternative revenue sources to fund the projects of the State Water Plan.

Proposal No. 20 -- Municipal Solid Waste Landfills

Review the proposed rules promulgated by the U.S. Environmental Protection Agency concerning revised minimum criteria for municipal solid waste landfills, including an examination of the probable effects on local units of government of proposed financial assurance requirements.

Proposal No. 21 -- Reuse of Waste Tires and Expended Batteries

Explore methods of encouraging the reuse of waste tires and expended batteries, including a review of the legislation (H.B. 2361 and S.B. 310) considered by the 1989 Legislature and legislation proposed or enacted in other states.

Proposal No. 22 - Natural Gas Pipeline Safety

Review regulations adopted by the State Corporation Commission on natural gas pipeline safety and the legislation on pipeline safety (H.B. 2454, H.B. 2456, and H.B. 2457) enacted by the 1989 Legislature and make recommendations on other natural gas pipeline safety issues, such as underground damage prevention.

Proposal No. 23 -- Recreational Access

Review legislation (H.B. 2367 and S.B. 375) that was considered by the 1989 Legislature to develop a program which would pay landowners if they make their property accessible to certain individuals for recreational purposes; examine recreational access programs proposed or implemented in other states; and propose any legislation deemed appropriate.

## SPECIAL COMMITTEE ON FEDERAL AND STATE AFFAIRS/GOVERNMENTAL ORGANIZATION

House

Rep. Tom Walker, Vice-Chairperson

Rep. Elizabeth Baker

Rep. Betty Jo Charlton\*

Rep. Ginger Barr

Rep. Nancy Brown

Rep. John McClure

Rep. Robert D. Miller

Rep. Alfred Ramirez

Rep. Bill Reardon

Rep. L. V. Roper

\* Ranking minority member.

Research Department – Primary Staff

Contact (296-3181) Mary Galligan Senate

Sen. Edward Reilly, Chairperson

Sen. Eugene Anderson

Sen. Fred Kerr

Sen. Don Montgomery

Sen. Jack Steineger

Sen. John Strick

Sen. Ben Vidricksen

Revisor of Statutes Office – Primary Staff Contact (296-2321) Avis Swartzman

Proposal No. 24 -- Legislature -- Structural Improvements

Consider changes in the Executive and Legislative articles of the Kansas Constitution and related statutes, procedures, and rules in view of structural changes that might contribute to the more efficient operation of a part-time legislature.

Proposal No. 25 - Public Television and Radio

Review the Kansas Public Broadcasting Commission, its composition, and its duties relative to the development, interconnection, and expansion of statewide public television and radio services (H.B. 2253) and evaluate the merits of establishing the Kansas Information Broadcasting Network for broadcasting sessions of the Kansas Legislature (H.B. 2245).

Proposal No. 26 -- Regulation of Polygraphists

Review current state and federal laws pertaining to polygraphy and study proposals for changes in state law (S.B. 379, S.B. 387, and H.B. 2491).

Proposal No. 27 -- Establishing a State Office of Housing

Consider the need to establish an Office of Housing in the Department of Commerce to coordinate state activities and to serve as a clearing house for federal and state information about housing (S.B. 253).

Proposal No. 28 -- Parimutuel Wagering

Review policies that govern parimutuel wagering including simulcasting of races, function and operation of the Kansas Racing Commission, disclosure of Kansas Bureau of Investigation reports about license applicants, and statutory limitations on wagering.

#### Proposal No. 29 -- Regulation of Explosives

Review existing state laws and regulations regarding explosives and recommend any needed statutory changes.

#### SPECIAL COMMITTEE ON JUDICIARY

House

Rep. Mike O'Neal, Chairperson

Rep. Denise Everhart Rep. Clyde Graeber

Rep. Gilbert Gregory

Rep. Robert Krehbiel

Rep. Barbara Lawrence

Rep. J. C. Long

Rep. Alex Scott

Rep. John Solbach

Rep. Hank Turnbaugh

\* Ranking minority member.

Senate

Sen. Wint Winter, Vice-Chairperson

Sen. Dick Bond

Sen. Paul Feleciano, Jr.\*

Sen. Bill Morris

Sen. Lana Oleen

Sen. Nancy Parrish

Sen. Jack Steineger

Research Department - Primary Staff

Contact (296-3181)

Mike Heim

Jerry Ann Donaldson

Revisor of Statutes Office - Primary Staff Contact (296-2321)

Gordon Self

Proposal No. 30 -- Discovery Depositions

Study the establishment of a statutory procedure for utilizing discovery depositions in criminal cases.

Proposal No. 31 -- Adoption

Evaluate the basic types of adoption as well as the procedure for adoptions including, but not limited to, venue, rights of adopted persons, costs of the proceedings, files and records of adoption, and procedures in the event the adoption is denied.

Proposal No. 32 -- Marital Property

Determine the feasibility of adopting the Uniform Marital Property Act.

Proposal No. 33 -- Child Support and Child Custody

Review the statutes and guidelines involving child support and child custody issues.

Proposal No. 34 -- Limited Actions

Review the Code of Civil Procedure For Limited Actions to determine if revisions are necessary.

Proposal No. 35 -- Surrogate Contracts

Review the issues involved in surrogate motherhood contracts from the standpoint of the surrogate mother, the adoptive parents, and the child and determine if changes in Kansas laws are advisable.

Proposal No. 36 -- Subrogation

Review the law regarding subrogation and health insurance contracts to determine whether such claims should be permitted in Kansas, and the impact, if any, on the cost of health insurance.

Proposal No. 37 -- John Doe Pleadings

Determine the need for changing the Code of Civil Procedure to permit the use of fictitious names or John Doe pleadings in certain instances.

#### LEGISLATIVE EDUCATIONAL PLANNING COMMITTEE

House

Senate

Rep. Bob Vancrum, Chairperson

Rep. Don Crumbaker

Rep. Ken Francisco

Rep. Shelia Hochhauser

Rep. Jim Lowther

Rep. Jim Russeli\*

\* Ranking minority member.

Sen. Audrey Langworthy, Vice-Chairperson

Sen. Jim Allen

Sen. Eugene Anderson

Sen. Janis Lee

Sen. Lana Oleen

Revisor of Statutes Office - Primary

**Staff Contact (296-2321)** 

Avis Swartzman

Research Department - Primary Staff

Contact (296-3181) Carolyn Rampey Julian Efird

Proposal No. 39 -- Postsecondary Education Planning

Conduct studies and projects related to public and private postsecondary and private postsecondary education, including consideration of current legislative issues; coordination of postsecondary education planning; and oversight of ongoing data collection projects.

#### SPECIAL COMMITTEE ON LEGISLATIVE, JUDICIAL, AND CONGRESSIONAL APPORTIONMENT

House

Rep. Vincent Snowbarger, Chairperson

Rep. Keith Roe

Rep. Joan Adam

\* Ranking minority member.

Senate

Sen. Ben Vidricksen, Vice-Chairperson

Revisor of Statutes Office - Primary

Staff Contact (296-2321)

Sen. Michael Johnston\*

Sen. Eric Yost

Research Department - Primary Staff

Contact (296-3181)

Mary Galligan Raney Gilliland Arden Enslev

Proposal No. 40 -- Legislative Apportionment

Review or monitor as appropriate and make recommendations as necessary regarding: 1989 H.C.R. 5030 and the constitutional time limits for legislative enactment of and State Supreme Court review of legislative apportionment plans: lawsuits filed in state and federal courts challenging the 1988 State Census; apportionment of the State Board of Education; and policy matters pertaining to planning for the 1992 reapportionment.

#### SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE

House

Senate

Rep. Marvin Littlejohn, Vice-Chairperson

Rep. Gene Amos

Rep. Belle Borum

Rep. Jessie Branson\*

Rep. Theo Cribbs

Rep. Dorothy Flottman

Rep. Ron Reinert

Rep. Ellen Samuelson

Rep. Elaine Wells

Rep. Larry Wilbert

\* Ranking minority member.

Sen. Roy Ehrlich, Chairperson

Sen. Jim Allen

Sen. Bernard Kanan

Sen. Audrey Langworthy

Sen. Edward Reilly

Sen. John Strick

Sen. Doug Walker

(continued)

Research Department – Primary Staff Contact (296-3181) Emalene Correll Revisor of Statutes Office -- Primary Staff Contact (296-2321) Norman Furse

Proposal No. 41 -- Control of Schedule II Drugs Prescribing, Dispensing, and Use

Consider establishing a system that would provide a record of the prescribing, dispensing, and patient use of drugs appearing in Schedule II of the Uniform Controlled Substances Act, including the need for implementing a system that would require a separate record of all prescription orders to be submitted to an agency of the state; the feasibility of identifying each individual pharmacy, physician, and patient obtaining Schedule II drugs; the experience of the several states that have implemented a reporting system; the appropriate state agency to administer any reporting system that might be recommended; and protection for the privacy rights of patients and providers.

Proposal No. 42 -- Impact of Licensed Nursing Supply and Distribution

Identify the supply of licensed nurses in Kansas and any trends in nursing impacting the future availability of nurses; review the impact on health care delivery and facilities of the supply and distribution of licensed nurses; consider the role of nursing pools, nursing salaries, and working conditions on the supply and distribution of nurses; study the role of nursing education programs in meeting the needs of health care institutions and programs for nursing personnel and the supply and distribution of nurses; consider the use of alternative health care personnel in various health care settings; and study other matters that may impact on the delivery of nursing care in Kansas.

Proposal No. 43 -- Alzheimers and Related Disease Care System

Review special programs for victims of Alzheimers and related diseases in both institutional and community settings; consider whether separate standards for such specialized care programs are needed; determine what public and private programs exist to meet the specialized needs of Alzheimers and related disease victims and the caretakers of such persons and develop any recommendations for change or expansion in such programs.

Proposal No. 44 - Social Work Laws

Review the Kansas laws relating to the licensing of social workers and the regulation of social work practice, including review of the laws of other states to determine whether the current laws are too restrictive; study the interpretation of the current laws by the Behavioral Sciences Regulatory Board, including the educational requirements for licensure; consider the desirability of allowing otherwise qualified individuals who are not licensed social workers to carry out responsibility for services such as case management; and make recommendations concerning the licensing of social workers who have been previously licensed in Kansas or licensed in other states.

Proposal No. 45 - Role of Physicians' Assistants

Review the role of physicians' assistants in the delivery of health care, including the oversight function of licensees in medicine and surgery; consider whether there are adequate safeguards to insure that such persons function within the law, including the degree to which the Board of Healing Arts has given adequate attention to the regulation of both physicians' assistants and the healing arts licensees who are responsible for their actions; and review the laws concerning physicians' assistants to determine whether such laws should be revised and by whom they should be administered.

#### Proposal No. 46 -- Foster Care

Determine the reasons for the limited number of desirable foster care homes available for both short- and long-term foster care for children; consider the shortage of social workers as it relates to recruiting and supporting foster care providers; and determine the effect of funding on the development of an adequate foster care system.

#### LEGISLATIVE BUDGET COMMITTEE

House	Senate
Rep. Bill Bunten, Chairperson	Sen August Rogins Vice Chairnessen

Rep. Jim Lowther

Rep. George Teagarden

Rep. Wanda Fuller

\* Ranking minority member.

Sen. Paul Burke

Sen. Michael Johnston\*

Research Department -- Primary Staff Contact (296-3181) Richard Ryan Ed Ahrens Revisor of Statutes Office - Primary Staff Contact (296-2321) Arden Ensley

#### Proposal No. 38 - State General Fund

Monitor State General Fund receipts, expenditures, and balances, and related data and developments that have a bearing on the financial condition of the General Fund.

#### SPECIAL COMMITTEE ON WAYS AND MEANS/APPROPRIATIONS

House	Senate
Rep. Rochelle Chronister, Vice-Chairperson	Sen. Gus Bogina, Chairperson
Rep. Barbara Allen	Sen. Ross Doyen
Rep. Bill Brady	Sen. Paul Feleciano, Jr.
Rep. Ken Francisco	Sen. Frank Gaines
Rep. Fred Gatlin	Sen. Joseph Harder
Rep. Rex Hoy	Sen. Leroy Hayden
Rep. Al Lane	Sen. Dave Kerr
Rep. Bob Mead	
Rep. Jack Shriver	
Rep. George Teagarden*	1

Research Department -- Primary Staff Contact (296-3181) Debra Duncan Ed Ahrens

Ranking minority member.

Revisor of Statutes Office – Primary Staff Contact (296-2321) Jim Wilson

Proposal No. 47 -- State Medical Education Activities in Wichita

Review the state's medical education activities in the Wichita area, including the status of the University of Kansas Medical Center -- Wichita Branch and the policy and fiscal implications of allowing KUMC affiliated hospital based residents to be self-insured under the Health Care Provider Insurance Availability Act.

Proposal No. 48 - Retention of State Health Care Employees

Monitor the effects on recruitment and retention of recent changes in the classification and pay status of state health care employees, such as Phase III of the comprehensive classification and job rate study and 1989 S.B. 350 pertaining to certain employees at the KU Medical Center; review possible further effects under Phase IV of the classification study; and assess the need for additional measures to insure an adequate supply of such personnel.

Proposal No. 49 -- Budgeting for Regents' Institutions

Review expenditure patterns of institutions under the jurisdiction of the State Board of Regents and the factors considered in the formulation of annual budget changes, with emphasis on the need for greater legislative oversight.

Proposal No. 50 -- Computer Oversight

Provide legislative oversight and review of the practices of the Department of Administration, Division of Information Systems and Communications (DISC), in regard to computer operations.

Proposal No. 51 - Medical Assistance Drug Formulary

Study state policies pertaining to the use of a restrictive drug formulary in the medical assistance program and consider whether the use of restrictive drug formularies by the Department of Social and Rehabilitation Services should be prohibited or otherwise changed.

(continued)

Proposal No. 52 -- KanWork

Review implementation of the KanWork program, including content, participation, and results of the program thus far, in order to consider any legislative adjustments that may be needed and to ensure proper funding of the program.

Proposal No. 53 -- State Alcohol and Drug Abuse Programs

Study the programs of the various state agencies involved in alcohol and drug abuse issues, including the Departments of Social and Rehabilitation Services, Education, Corrections, Administration, and Transportation, the Kansas Bureau of Investigation, and the court system, and consider whether improvements can be made in establishing priorities for funding and in coordinating the programs.

#### LEGISLATIVE COORDINATING COUNCIL

House

Senate

Rep. James Braden, Vice-Chairman

Rep. Marvin Barkis

Rep. Robert H. Miller

Rep. Dale Sprague

Sen. Bud Burke, Chairman Sen. Michael Johnston Sen. Fred Kerr

#### JOINT COMMITTEE ON ADMINISTRATIVE RULES AND REGULATIONS

Senate

Rep. Frank Buehler, Chairperson

Rep. Mary Jane Johnson

Rep. Debbie Schauf

Rep. Tim Shallenburger

Rep. Dennis Spaniol

Rep. Larry Turnquist\*

Rep. Donna Whiteman

\* Ranking minority member.

Sen. Shelia Frahm, Vice-Chairperson

Sen. Jim Allen

Sen. Roy Ehrlich

Sen. Phil Martin

Sen. Marge Petty

Research Department - Primary Staff

Contact (296-3181)

**Bill Wolff** 

**Emalene Correll** 

Revisor of Statutes Office -- Primary

**Staff Contact (296-2321)** 

Theresa Kiernan

#### JOINT COMMITTEE ON ECONOMIC DEVELOPMENT

**House** 

Senate

Rep. Rochelle Chronister, Chairperson

Rep. Jayne Aylward

Rep. Elizabeth Baker

Rep. Diane Gjerstad

Rep. Bob Mead

Rep. Carol Sader

Rep. Bettie Shumway

Rep. Frank Weimer

\* Ranking minority member.

Sen. Dave Kerr, Vice-Chairperson Sen. Paul Feleciano, Jr. \*

Sen. Jerry Karr

Sen. Jerry Moran

Sen. Wint Winter

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Lynne Holt

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**Bruce Kinzie** 

#### JOINT COMITTEE ON STATE BUILDING CONSTRUCTION

House

Senate

Rep. Phil Kline, Chairperson

Rep. David Heinemann

Rep. Darrel Webb\*

\* Ranking minority member.

Sen. Joseph Harder, Vice-Chairperson

Sen. Jerry Karr

Sen. Ben Vidricksen

Research Department - Primary Staff

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Paul West Scott Rothe Revisor of Statutes Office - Primary

Staff Contact (296-2321)

Jim Wilson

JOINT COMMITTEE ON ARTS AND CULTURAL RESOURCES

House

Senate

Rep. Ben Foster, Chairperson

Rep. Bill Bunten

Rep. Jim Cates

Rep. Eloise Lynch

Rep. Kathryn Sughrue

\* Ranking Minority Member

Sen. Edward Reilly, Vice-Chairperson

Sen. Frank Gaines\*

Sen. Janice McClure

Sen. Lana Oleen

Sen. Alicia Salisbury

Research Department - Primary Staff

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Ellen Piekalkiewicz

Revisor of Statutes Office - Primary

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Norman Furse

SPECIAL CLAIMS AGAINST THE STATE

House

<u>Senate</u>

Rep. Ben Foster, Vice-Chairperson

Rep. George Dean\*

Rep. Herman Dillon

Rep. Dick Eckert

Rep. Diane Gjerstad

Rep. Kenneth King

Rep. Kerry Patrick

Rep. Jo Ann Pottorff

\* Ranking minority member.

Sen. Jerry Moran, Chairperson

Sen. Leroy Hayden

Sen. Richard Rock

Sen. Wint Winter

Sen. Eric Yost

Research Department - Primary Staff

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Bill Wolff

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Don Hayward

(continued)

## COMMISSION ON ACCESS TO SERVICES FOR THE MEDICALLY INDIGENT AND HOMELESS

House	Senate
Jessie Branson, Vice-Chairperson Isabel Borum	Roy Ehrlich, Chairperson Eugene Anderson
Monto ristativa Na	
Nonlegislative Members	
Mr. Leroy Tombs Mr. William H. Pitsenberger Mr. Ralph J. Turner	
Mr. Jeffrey O. Ellis Ms. Barbara Jean Gibson	
Research Department – Primary Staff Contact (296-3181)	Revisor of Statutes Office—Primary Staff Contact (296-2321)
Ellen Piekalkiewicz	Norman Furse
LEGISLAT	TVE POST AUDIT
House	Senate
Rep. David Miller, Chairperson Rep. Bill Brady	Sen. Ben Vidricksen, Vice-Chairperson**
Rep. Duane Goossen Rep. Max Moomaw	Sen. Gus Bogina Sen. Norma Daniels*
Rep. Bill Wisdom  * Ranking minority member	Sen. Nancy Parrish Sen. Eric Yost
** Vice-Chair moved to Sen. Vidricksen	
HEALTH CARE STABILIZATION	ON FUND OVERSIGHT COMMITTEE
House	Senate
Bon Dela O	Senate
Rep. Dale Sprague Rep. Larry Turnquist	Sen. Dick Bond Sen. Richard Rock

(Published in the Kansas Register, June 29, 1989.)

NOTICE OF BOND SALE

\$7,015,615
General Obligation Bonds
Series A & B, 1989
of

Sedgwick County, Kansas

Sealed bids will be received by the Assistant County Manager of Sedgwick County, Kansas, on behalf of the Board of County Commissioners at the County Courthouse, Suite 333, 525 N. Main, Wichita, KS 67203, until 9 a.m. C.D.T. on Wednesday, July 12, 1989, for \$7,015,615 par value general obligation bonds, consisting of two series A & B, 1989, of the county, at which time and place such bids will be publicly opened. No oral or auction bids will be considered.

The bonds will be dated as of August 1, 1989, and shall mature on August 1 in each of the years and in the amounts set forth below. Such bonds will consist of fully registered certificated bonds, each in the denomination of \$5,000 or integral multiple thereof, except one of the Series A, 1989, bonds in denomination of \$2,000, and one of the Series B, 1989, bonds in denomination of \$3,615, not exceeding the principal amount of bonds maturing in each year. Interest will be payable semiannually, commencing February 1 for Series A & B, and each February 1 and August 1 thereafter. The principal on the bonds shall be payable in lawful money of the United States of America at the principal office of the Kansas State Treasurer (the paying agent and bond registrar) to the registered owners thereof upon presentation of the bonds for payment and cancellation. Interest on the bonds shall be payable in lawful money of the United States of America by check or draft of the paying agent to the registered owners appearing on the books maintained by the bond registrar as of the 15th day of the month next preceding the interest payment dates (the record dates). The fees of the bond registrar for registration and transfer of the bonds shall be paid by the county.

The bonds will mature serially in accordance with the following schedule:

#### Series A, 1989 Bonds

Principal Amount	Maturity Date		
\$ 667,000	August 1, 1990		
665,000	August 1, 1991		
665,000	August 1, 1992		
665,000	August 1, 1993		
665,000	August 1, 1994		
660,000	August 1, 1995		
660,000	August 1, 1996		
660,000	August 1, 1997		
660,000	August 1, 1998		
660,000	August 1, 1999		
\$6,627,000			

#### Series B, 1989 Bonds

Principal Amount	Maturity Date		
\$ 28,615	August 1, 1990		
30,000	August 1, 1991		
30,000	August 1, 1992		
25,000	August 1, 1993		
25,000	August 1, 1994		
25,000	August 1, 1995		
25,000	August 1, 1996		
25,000	August 1, 1997		

1998
1999
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#### Combined Schedule Series A & B, 1989

Principal Amount		Maturity Date
\$ 695,615	GM MAG	August 1, 1990
695,000	-	August 1, 1991
695,000		August 1, 1992
690,000		August 1, 1993
690,000	Č.	August 1, 1994
685,000		August 1, 1995
685,000		August 1, 1996
685,000	5	August 1, 1997
685,000		August 1, 1998
685,000		August 1, 1999
25,000		August 1, 2000
25,000	State of the second	August 1, 2001
25,000 25,000		August 1, 2002
25,000 25,000		August 1, 2003
,	, .	August 1, 2004
25,000		1105050 1, 2001
\$7.015.615		

#### **Interest Rate**

Proposals will be received on not less than all the bonds bearing such rate or rates of interest as may be specified by the bidder. The same rate shall apply to all bonds of the same maturity. Each interest rate specified shall be in an even multiple of 1/8 or 1/20 of 1 percent. The difference between the highest and lowest coupon rates specified in any bid shall not exceed 3 percent. No interest rate shall exceed the maximum interest rate allowed by Kansas law, said rate being the 20 bond index of taxexempt municipal bonds published by Credit Markets (formerly the Weekly Bond Buyer) in New York, New York, on the Monday next preceding the day on which the bonds are sold (July 10, 1989), plus 2 percent, and no bid of less than par and accrued interest will be considered. Bids for less than the entire issue of bonds will not be considered.

#### Bid Form and Good Faith Deposit

Bids shall be submitted on the official bid form furnished by the county, and shall be addressed to the Board of County Commissioners, Sedgwick County Courthouse, Suite 333, Wichita, KS 67203, and shall be plainly marked "Bond Bid." All bids must state the total interest cost of the bid, the premium, if any, the net interest cost of the bid, and the average annual interest rate—all certified by the bidder to be correct—and the county will be entitled to rely on the certificate of correctness of the bidder. Each bid must be accompanied by a certified or cashier's check equal to 2 percent of the total par amount of the bonds, and shall be payable to Treasurer, Sedgwick County, Kansas. In the event a bidder whose bid is accepted shall fail to carry out its contract of purchase, said deposit shall be retained by the county as liquidated damages. The checks of unsuccessful bidders will be returned promptly.

#### Award of Bids

The sealed bids for the bonds shall be opened publicly (continued)

and only at the time and place specified in this notice. and the bonds will be sold to the best bidder. The county reserves the right to reject any and all of the bids and to waive any irregularities. Unless all bids are rejected, the bonds will be awarded to the bidder whose proposal results in the lowest net interest cost to the county, and the net interest cost will be determined by deducting the amount of any premium paid from the aggregate amount of interest upon all of the bonds from their date until their respective maturities. If there is a discrepancy between the lowest net interest cost and the average annual interest rate specified, the net interest cost figure shall govern and the interest rates in the bid shall be adjusted accordingly. In the event more than one bid is received at the same net interest cost the successful bidder will be selected by lot.

#### **Delivery of Bonds**

The bonds, duly printed, executed and registered, will be furnished and paid for by the county. The Series A, 1989, and Series B, 1989, bonds will be sold subject to the unqualified approving opinion of William P. Timmerman, attorney and bond counsel, 400 N. Woodlawn, Wichita, KS 67208. The number, denomination of bonds, and names of the initial registered owners to be initially printed on the bonds shall be submitted in writing by the successful bidder to the bond registrar not later than August 15, 1989. The purchaser will be furnished with a complete transcript of proceedings evidencing the authorization and issuance of the bonds and the usual closing proofs, which will include a certificate that there is no litigation pending or threatened at the time of delivery of the bonds affecting their validity. Payment for the bonds shall be made in immediately available funds. Delivery of the bonds will be made to the successful bidder on or before September 15, 1989, at any bank in the state of Kansas or Kansas City, Missouri, New York, San Francisco, Los Angeles, or Chicago at the expense of the county. Delivery elsewhere will be made at the expense of the purchaser.

#### Legal Opinion

In the opinion of bond counsel, assuming continued compliance by the county with the particular terms of the respective bond resolution, under existing law, the interest on the bonds: (i) is excludable from gross income for federal income tax purposes, and (ii) is not an item of tax preference for purposes of the federal alternative minimum tax imposed on individuals and corporations. However, it should be noted that with respect to corporations (as defined for federal income tax purposes), such interest is taken into account in determining adjusted net book income (adjusted current earnings for taxable years ending after December 31, 1989) for the purpose of computing the alternative minimum tax imposed on such corporations. The exclusion mentioned in the preceding clause (i) is subject to compliance by the county with all of the requirements of the Internal Revenue Code of 1986, as amended, which must be satisfied subsequent to the issuance of the bonds in order for the interest thereon to qualify for such exclusion. Failure to comply with certain of such requirements could cause the interest on the bonds to be so included in federal gross income retroactive to the date of delivery of the bonds. The

county will covenant to comply with all such requirements. Bond counsel expresses no opinion regarding other federal tax consequences arising with respect to the bonds.

The bonds are exempt from intangible personal property taxes levied by Kansas counties, cities and townships, and the interest on the bonds is excludable from the computation of Kansas adjusted gross income for taxable years commencing after December 31, 1987.

#### **Related Federal Tax Matters**

Prospective bidders for the purchase of the bonds should be aware that: (i) Section 265 of the code denies a deduction for interest on indebtedness incurred or continued to purchase or carry the bonds or, in the case of a financial institution within the meaning of Section 265(b)(5) of the code, that portion of a bondholder's interest expense allocable to the interest on the bonds; (ii) with respect to insurance companies subject to the tax imposed by Section 831 of the code, for taxable years beginning after December 31, 1986, Section 832(b)(5)(B)(i) of the code reduces the deduction for loss reserves by 15 percent of the sum of certain items, including the interest on the bonds; (iii) for taxable years beginning after December 31, 1986, and prior to January 1, 1992, the interest on the bonds earned by some corporations could be subject to the environmental tax imposed by Section 59A of the code; (iv) for taxable years beginning after December 31, 1986, the interest on the bonds earned by certain foreign corporations doing business in the United States could be subject to a branch profits tax imposed by Section 884 of the code; (v) passive investment income, including the interest on the bonds, may be subject to federal income taxation under Section 1375 of the code for Subchapter S corporations that have Subchapter C earnings and profits at the close of the taxable year if more than 25 percent of the gross receipts of such Subchapter S corporation is passive investment income; and (vi) Section 86 of the code requires recipients of certain Social Security and railroad retirement benefits to take into account in determining gross income, receipts or accruals of the interest on the bonds. The foregoing categories of prospective bondowners should consult their own tax advisors as to the applicability of any of these consequences.

#### Purpose of Issue

The Series A, 1989, bonds are being issued for the purpose of paying the cost of road and bridge improvements under the authority of K.S.A. 68-5,103, 68-1103, and 68-1106. The Series B, 1989, bonds are being issued for the purpose of paying the cost of street and sewer improvements in certain benefit districts under the authority of K.S.A. 68-728 and 68-729, and 19-27a03 to 19-27a07, and any amendments thereto.

#### **CUSIP Identification Numbers**

CUSIP identification numbers will be printed on the bonds, but neither the failure to print such numbers on any bond nor any error with respect thereto shall constitute cause for failure or refusal by the successful bidder to accept delivery of and to pay for said bonds in accordance with the terms of this notice. All expenses in relation to printing of CUSIP numbers on said bonds and

the expenses of the CUSIP Service Bureau for the assignment of said numbers shall be the responsibility of and shall be paid for by the county.

#### **Assessed Valuation**

Assessed valuation figures for Sedgwick County, Kansas, for the year 1988, are as follows:

Equalized assessed valuation of taxable	
tangible property	\$1,537,513,579
Tangible valuation of motor vehicles	301,980,663
Equalized assessed tangible valuation for	
computation of bonded debt limitations	\$1,839,494,242

Other Pending Bond Issues

Neither Sedgwick County, Kansas, nor Unified School District No. 259 (Wichita Public School System), anticipates the issuance of any additional general obligation bonds within the next 30 days.

#### **Bonded Indebtedness**

The total bonded indebtedness of Sedgwick County, Kansas, as of the date of sale, including this \$7,015,615 proposed issue of bonds, is \$47,143,393. In addition, the county has \$28,715,700 of temporary notes outstanding, of which \$391,000 will be retired from the proceeds of the bonds, special assessments which have been collected in cash, and other available funds.

Ratings

The county has applied for ratings on the bonds to Moody's Investors Service, Inc. and Standard and Poor's Corporation. In April 1986, Moody's revised the rating of general obligation issues of the county to "Aa1," from "Aa," indicating belief that the issues possess the strongest investment attributes. Standard and Poor's Corporation has rated previous general obligation issues as "AA" defined as follows: "Debt rated AA has a strong capacity to pay interest and repay principal and differs from the higher rated issue only in small degree." This rating may be changed, suspended, or withdrawn as a result of changes in or unavailability of information.

#### Official Statement

Additional copies of this notice of bond sale, or copies of the county's official statement relating to the bonds, or further information may be received from the Office of Financial Services, Accounting Group, Suite 333, Sedgwick County Courthouse, Wichita, KS 67203.

Dated June 21, 1989.

Paul W. Hancock
Bernard A. Hentzen
David Bayouth
Billy Q. McCray
Mark F. Schroeder
Commissioners
Sedgwick County, State of Kansas
Don Wright
County Clerk

Doc. No. 008022

(Published in the Kansas Register, June 29, 1989.)

SUMMARY NOTICE OF BOND SALE
City of Overland Park, Kansas
General Obligation Bonds, Series 1989
(general obligation bonds payable from

(general obligation bonds payable from unlimited ad valorem taxes)

#### Sealed Bids

Subject to the official statement dated June 19, 1989, sealed bids will be received by the city clerk of the city of Overland Park, Kansas, on behalf of the governing body at City Hall, 8500 Santa Fe Drive, Overland Park, until 11 a.m. C.D.T. on July 11, 1989, for the purchase of \$5,000,000 principal amount of General Obligation Bonds, Series 1989. No bid of less than the entire par value of the bonds and accrued interest thereon to the date of delivery will be considered.

#### **Bond Details**

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated August 1, 1989, and will become due serially on September 1 in the years as follows:

Year	P	rincipal Amount
1990		\$600,000
1991		600,000
1992		600,000
1993		575,000
1994	. ,	575,000
1995		550,000
1996		550,000
1997		475,000
1998		475,000
*		

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning on March 1, 1990.

#### Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

#### Good Faith Deposit

Each bid shall be accompanied by a cashier's or certified check drawn on a bank located in the United States of America in the amount of \$100,000 (2 percent of the principal amount of the bonds).

#### Delivery

The city will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder within 45 days of the date of the sale at such bank or trust company in the contiguous United States of America as may be specified by the successful bidder.

#### Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 1988 is \$573,348,366. The total general obligation indebtedness of the city as of the date of the bonds, including the bonds being sold, is \$34,575,000.

**Approval of Bonds** 

The bonds will be sold subject to the legal opinion of Gilmore & Bell, Overland Park, Kansas, bond counsel,

(continued)

whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the city, printed on the bonds and delivered to the successful bidder as and when the bonds are delivered.

#### **Additional Information**

Additional information regarding the bonds may be obtained from the city clerk/finance director, Bernice Crummett, 8500 Santa Fe Drive, Overland Park, KS 66212, (913) 381-5252; or from the financial advisor, Evenson Dodge, Inc., 222 S. 9th, Suite 3800, Minneapolis, MN 55402, (612) 338-3535.

Dated June 19, 1989.

City of Overland Park, Kansas By Bernice Crummett City Clerk/Finance Director

Doc. No. 008021

(Published in the Kansas Register, June 29, 1989.)

# SUMMARY NOTICE OF BOND SALE City of Junction City, Kansas General Obligation Economic Development Bonds, Series CZ

#### Sealed bids

Subject to the official notice of bond sale and official statement dated June 27, 1989, sealed bids will be received by the city clerk of the city of Junction City, Kansas, on behalf of the governing body at the City Hall, 7th and Jefferson, Junction City, Kansas, until 5 p.m. C.D.T. on Tuesday, July 11, 1989, for the purchase of \$200,000 prinipcal amount of General Obligation Economic Development Bonds, Series CZ. No bid of less than the entire par value of the bonds and accrued interest thereon to the date of delivery will be considered.

#### **Bond Details**

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated August 1, 1989, and will become due serially on September 1 in the years as follows:

Year	Principal Amount
1990	\$15,000
1991	15,000
1992	15,000
1993	20,000
1994	20,000
1995	20,000
1996	20,000
1997	25,000
1998	25,000
1999	25,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning on March 1, 1990.

#### Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a cashier's or certified check drawn on a bank located in the United States of

America in the amount of \$4,000 (2 percent of the principal amount of the bonds).

#### Delivery

The city will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or before August 16, 1989, at such bank or trust company in the state of Kansas or Kansas City, Missouri, as may be specified by the successful bidder.

#### Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 1988 is \$58,348,944. The total general obligation indebtedness of the city as of the date of the bonds, including the bonds being sold, is \$14,367,376.25.

#### Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the city, printed on the bonds and delivered to the successful bidder as and when the bonds are delivered.

#### **Additional Information**

Additional information regarding the bonds may be obtained from the city clerk, Rodney D. Barnes, Junction City, KS 66441, (913) 238-3103; or from the financial advisor, George K. Baum & Company, 1004 Baltimore Ave., Kansas City, MO 64105, Attention: Roger Edgar, (816) 474-1100.

City of Junction City, Kansas

Doc. No. 008031

## State of Kansas SOCIAL AND REHABILITATION SERVICES

#### NOTICE OF MEETING

The Department of Social and Rehabilitation Services will meet at 9 a.m. Tuesday, July 11, in the SRS Staff Development Training Center, 300 S.W. Oakley, Topeka. The scheduled agenda includes reports by SRS commissioners and other items as necessary.

The public is invited to this meeting. Telephone hookups are provided at the following locations of Social and Rehabilitation Services offices: Chanute, Emporia, Garden City, Hays, Hiawatha, Hutchinson, Kansas City, Lawrence, Manhattan, Olathe, Osawatomie, Parsons, Pittsburg, Pratt, Salina, Topeka (area office and Docking State Office Building), Wichita and Winfield.

> WINSTON BARTON Secretary of Social and Rehabilitation Services

#### State of Kansas SOCIAL AND REHABILITATION SERVICES

#### NOTICE OF MEETING CANCELLATION

The open meeting of the Department of Social and Rehabilitation Services originally set for July 18 has been rescheduled for 9 a.m. July 31.

> WINSTON BARTON Secretary of Social and Rehabilitation Services

Doc. No. 008026

#### State of Kansas SOCIAL AND REHABILITATION SERVICES

#### **NOTICE CONCERNING 1990** LOW INCOME HOME ENERGY ASSISTANCE **BLOCK GRANT STATE PLAN**

The public is invited to comment on proposed uses of the 1990 Low Income Home Energy Assistance Block Grant. A summary of the proposed plan is available from SRS area directors or from the SRS Division of Income Maintenance, Room 624-South, Docking State Office Building, Topeka 66612.

Public input on the proposed plan will be broadcast from the 17 area offices at 9 a.m. Tuesday, August 8. Written comments received by August 18 also will be considered in development of the final plan.

> WINSTON BARTON Secretary of Social and Rehabilitation Services

Doc. No. 008027

#### State of Kansas SOCIAL AND REHABILITATION SERVICES

#### PUBLIC NOTICE

Social and Rehabilitation Services, Adult Services, is requesting proposals for projects to serve persons with autism. An application packet may be requested from the Kansas Department of Social and Rehabilitation Services, Adult Service Commission, Community Based Services Section, West Hall, 300 S.W. Oakley, State Complex West, Topeka 66606. The deadline for filing completed applications is 11 a.m. July 24. A total of \$100,000 is available to fund projects in fiscal year 1990.

Adult Services intends to fund three projects with one in each category below. One project would focus on serving-in more appropriate ways-persons with autism who are already clients of a community mental retardation center or its affiliates. A second project would focus on serving two or three adult clients in a residential program. A third project would focus on reducing stress on families caring for a family member with autism, in part with respite care services.

> WINSTON BARTON Secretary of Social and Rehabilitation Services

State of Kansas

#### SOCIAL AND REHABILITATION SERVICES

#### NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

A public hearing will be conducted at 9 a.m. Monday, July 31, in the SRS board room, sixth floor, Docking State Office Building, 915 Harrison, Topeka, to consider the adoption of proposed changes in existing rules and reg-

ulations and the adoption of new regulations.

This 30-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Secretary of Social and Rehabilitation Services, Room 603-N, Docking State Office Building, 915 Harrison, Topeka 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request each participant to limit any oral presentation to five minutes.

These regulations are proposed for adoption on a permanent basis and are scheduled to become effective October 1, 1989. A summary of proposed regulations and

their economic impact follows.

The phrase "Federal Mandate" following an item indicates that the change is required by federal policy. Optional changes in regulations related to federal programs are subject to approval by the U.S. Department of Health and Human Services.

#### Article 4.—PUBLIC ASSISTANCE PROGRAM

1. 30-4-50. Assistance eligibility, general. This regulation is being amended to add K.A.R. 30-4-64, Work Program Requirements, as a general eligibility requirement and to make technical changes.

Economic Impact: See the economic impact statement

for K.A.R. 30-4-64.

2. 30-4-54. Citizenship, alienage and residence. This regulation is being amended to provide that no individual shall be considered a resident for GA purposes if such individual owns an automobile or other motor vehicle that is not registered in this state but is required by law to be registered in this state.

Economic Impact: Estimated cost savings of \$27,755.28

(state general funds).

This regulation also is being amended to make specific reference to the sections within P.L. 99-603, the Immigration Reform and Control Act of 1986, for clarification purposes, along with the incorporation of the text of these sections, and to make other technical changes.

Economic impact: None.

3. 30-4-57. Job search requirements. This regulation is being revoked as the job search requirements are being incorporated as a component in the State's Work Program requirements as set out in K.A.R. 30-4-64.

Economic Impact: See the economic impact statement

for K.A.R. 30-4-64.

(continued)

- 4. 30-4-58. Potential employment. This regulation is being amended to:
- (1) Change the title of the regulation to "voluntary quit";
- (2) eliminate the potential employment provisions in the AFDC program as the new federal JOBS program establishes separate requirements and penalties for AFDC persons who refuse employment or training for employment (Federal Mandate);

(3) restrict the potential employment provisions to GA persons who terminate a job without good cause; and

(4) adopt the KanWork or work program penalties for GA persons who voluntarily quit a job without good cause.

Economic Impact: Estimated increased expenditures of

\$591,537.60 (\$320,415.60 state general funds).

5. 30-4-62. Community work experience program requirements. This regulation is being revoked as the CWEP requirements are being incorporated as a component of the State's Work Program requirements as set out in K.A.R. 30-4-64.

Economic Impact: See the economic impact statement for K.A.R. 30-4-64.

- 6. 30-4-63. KanWork program requirements. This regulation is being amended to modify the KanWork program to bring it into compliance with the federal JOBS program. Significant changes include:
- (1) Specifying the various components of the KanWork program that a recipient may be required to participate
- (2) requiring custodial parents under age 20 who have not completed high school or its equivalent to participate in an agency-approved educational component;

(3) changing the funding sources for support services

from special needs to special allowances;

(4) changing the penalty provisions to parallel the federal sanctions for persons who fail to participate; and

(5) establishing penalty provisions and good cause criteria for persons who refuse to accept employment.

The sanctions for persons who fail to participate in the KanWork program or fail to accept employment shall result in the following penalties:

(1) For the first such failure, until the failure or refusal

(2) for the second such failure or refusal, until the failure or refusal ceases, or three months, whichever is longer; and

(3) for any subsequent failure or refusal, until the failure or refusal ceases, or six months, whichever is longer. The above sanctions shall be applied to the individual who fails to participate or refuses to accept employment. The penalty shall also apply to the individual's spouse unless the spouse is participating in the KanWork program.

Economic Impact: These changes are not expected to

have any discernible economic impact.

7. 30-4-64. Work program requirements. The secretary is promulgating a new regulation that establishes work program requirements for non-KanWork counties that complies with the new federal JOBS program. This regulation incorporates the major provisions of job search requirements contained in K.A.R. 30-4-57, portions of the potential employment provisions contained in K.A.R. 30-4-58, and the CWEP requirements contained in K.A.R.

30-4-62. Additional program components are also included. The text of the regulation is set forth below:

30-4-64. Work program requirements. Each assigned recipient, unless exempted, shall be required to participate in one or more components of the work program. Any exempt recipient may volunteer for participation in the program. The geographic areas in the state and the public assistance programs in which the work requirements are to be enforced shall be designated by the secretary. The administration of the work programs shall be within the limits of appropriations. (a) Exemptions. The persons listed below shall be exempt from the work requirements:

(1) Any person who is ill, when determined on the basis of medical evidence or another sound basis that the illness or injury is serious enough to temporarily prevent entry

into employment or training;

(2) any person who is incapacitated, when verified that a physical or mental impairment, determined by a physician or a licensed or certified psychologist, by itself or in conjunction with age, prevents the individual from engaging in employment or training. When an individual claims exempt status due to incapacity, but medical verification is needed to establish the incapacity, the individual shall be regarded as temporarily exempt for a period not to exceed 30 days while the individual's status is being verified. If verification is not provided because of a legitimate delay in obtaining an examination by or a consultation with a medical practitioner, the temporary exemption period shall be extended for a period not to exceed 15 days. For GA, a statement from a vocational rehabilitation counselor may be used to determine incapacity;

(3) any person who is 60 years of age or older:

- (4) any person who is needed in the home because another member of the household requires the individual's presence due to illness or incapacity and no other appropriate member of the household is available to provide the needed care:
- (5) any parent or other relative who is personally providing care for a child under age three, except that a custodial parent shall not be exempt from the educational component if the parent is under age 20, does not possess a high school diploma or its equivalent, and is not otherwise exempt. Only one person or other relative in a case may be exempt for providing care for a child under age three. This exemption cannot be claimed if the other parent or caretaker relative in the home or the stepparent in the plan is exempt from the work program requirements for another reason and is available and capable of providing child care:

(6) any person who is employed 30 or more hours a week and is earning at least the federal minimum wage:

(7) any child who is under age 16 or attends full-time an elementary, secondary, vocational or technical school. This exemption does not apply to a custodial parent who has not completed high school or its equivalent;

(8) any woman who is three or more months pregnant;

(9) any person who resides in an area of the state where the work program is available, but in a location which is so remote that effective participation is precluded. The individual shall be considered remote if a round trip of more than two hours by reasonably available public or private transportation, exclusive of time necessary to transport children to and from a child care facility, would be required for a normal work or training day. However, if normal round trip commuting time in the area is more than two hours, then the round trip commuting time shall not exceed the generally accepted community standards; and

(10) any parent or other caretaker of a child when another adult relative in the plan is participating in the work program and the youngest child in the plan is under the age of six. If all children in the plan are age six or older, both parents shall be required to participate in the work program.

(b) Participation requirements. Each assigned recipient shall participate in one or more components of an agencyapproved, work-related program directed toward a plan of self-sufficiency. The components of the work program

may include, but are not limited to, the following:

(1) Job search. Each assigned recipient shall participate in job search activities which may include agency-approved job clubs, supervised and unsupervised job search activities, job referral and placement services, and employment counseling.

(2) Community work experience program (CWEP). Each assigned recipient shall participate in CWEP activities which may include the opportunity to regain work skills, learn new skills, test interest and skills on the job, gain a work history, and obtain a work reference.

- (3) Education and training. Each assigned recipient shall participate in education and training activities which are aimed at facilitating a recipient's movement toward self-sufficiency and employment retention. Education and training activities include such elements as vocational training, adult basic education, literacy training, general educational development, and post-secondary education and training.
- (c) Support services. Support services shall be provided to participants. Support services shall include, but are not limited to:
- (1) CWEP expenses, as outlined in K.A.R. 30-4-
- (2) job search expenses, as outlined in K.A.R. 30-4-120(a)(2); and
- (3) education and training expenses, as outlined in K.A.R. 30-4-120(a)(3).
- (d) Penalty. When a person who is required to participate in the work program fails without good cause to participate in the program or refuses without good cause to accept employment, the individual shall be ineligible for assistance. The spouse of the individual shall also be ineligible unless the spouse is a work program participant. In GA, a voluntary quit penalty, as set forth in K.A.R. 30-4-58(d), shall be considered in combination with any work program penalty. The period of ineligibility shall be as follows:
- (1) For the first such failure or refusal, until the failure or refusal ceases;
- (2) for the second such failure or refusal, until the failure or refusal ceases, or three months, whichever is longer; and
- (3) for any subsequent failure or refusal, until the failure or refusal ceases, or six months, whichever is longer.

For the purpose of determining that an individual's

failure to comply has ceased in the instance of a first sanction, the individual may be required to participate in the activity to which the individual was previously assigned, or another activity designed by the agency to lead to full participation, for a period of up to two weeks before terminating the sanction. If the person successfully participates in such activities, the sanction shall be considered to have terminated as of the day the person agreed to participate. If no such activity is available, the sanction shall terminate on the day the person agrees to participate.

(e) Good cause. The good cause criteria set forth in K.A.R. 30-4-63(f) shall be used in determining good cause for the work program requirements. The effective date of

this regulation shall be October 1, 1989.

Economic Impact: These changes are not expected to

have any discernible economic impact.

8. 30-4-73. Deprivation in ADC. This regulation is being amended to provide for the continuation of ADC for a period not to exceed six months if the extension of eligibility is needed for a satisfactory reconstruction of normal family life or the obtaining of employment when (1) an absent parent returns, (2) the parent is no longer incapacitated, or (3) the parent returns to work. Other technical wording changes also have been made.

Economic Impact: Estimated decreased expenditures of

\$216,920.88 in state general funds.

9. 30-4-85a. Eligibility factors specific to the EA program. This regulation is being amended to delete the provisions that deny EA to families where the destitution of the child resulted from a household member's involvement in a strike and when there is ineligibility for public assistance for failure to meet a work-related requirement. These changes are being made to achieve conformity with federal regulations for the EA program. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: Estimated increased expenditures of

\$9,720 (\$4,860 state general funds).

10. 30-4-90. Eligibility factors specific to the GA-unrestricted (GAU) program. This regulation is being amended to provide that there is ineligibility for the applicant or recipient and all persons for whom such person is legally responsible if the applicant or recipient has without good cause, within the past 30 days, refused a bona fide job offer or training for employment. Other clarifications and technical changes have been made related to cross-references to other regulations.

Economic Impact: See the economic impact statement

for K.A.R. 30-4-58.

11. 30-4-110. Income. This regulation is being amended to exclude the earned income tax credit (EITC) from the definition of "earned income." Other technical changes and clarifications also have been made to the regulation. (Federal Mandate.)

Economic Impact: See the economic impact statement

for K.A.R. 30-4-113.

12. 30-4-111. Applicable income. This regulation is being amended to change the earned income disregards. The \$75 standard work expense has been increased to \$90. The \$30 and 1/3 disregards will now be applied prior to deducting the costs for child care. Finally, the child

(continued)

care deductions are being increased to \$200 for children under age two and to \$175 for all other persons. (Federal Mandate.) Also, a new federal option has been added for retrospectively budgeted cases for the first and second months of employment whereby the agency may, based on an agency-approved plan, meet the cost of child care directly or through reimbursement and apply the child care disregards to offset income received in those months when used to determine the amount of the payment for the corresponding payment months. Under these circumstances, the agency shall not apply the disregard to income used to determine the amount of payment for the two months following the month in which child care ceases. Other technical wording changes also have been made.

Economic Impact: Estimated increased expenditures of \$250,746 (\$127,100 state general funds).

13. 30-4-112. Income exempt from consideration as income and as a cash asset. This regulation is being amended to exempt payments to certain persons of Japanese ancestry and certain Aleuts under Titles I and II of Public Law 100-383. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: This change is not expected to have

any discernible economic impact.

14. 30-4-113. Income exempt as applicable income. This regulation is being amended to exempt the earned income tax credit (EITC) as applicable income. (Federal Mandate.)

Economic Impact: Estimated increased expenditures of

\$282,720 (\$127,224 state general funds).

15. 30-4-120. Special allowances and requirements for applicants and recipients of ADC, ADC-FC, APW, GAU and GA-FC. This regulation is being amended to transfer expenditures for education and training and for KanWork transition services to the category of special allowances. Previously, such expenditures were categorized as special requirements. (Federal Mandate.)

Economic Impact: See the economic impact statement

for K.A.R. 30-4-63 and 30-4-64.

16. 30-4-130. Types of payments. This regulation is being amended to change several cross-references to other regulations pertaining to when protective payments are required. These changes are needed as a result of the regulatory changes pertaining to the work-related requirements. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: None.

# Article 5.—PROVIDER PARTICIPATION, SCOPE OF SERVICES, AND REIMBURSEMENTS FOR THE MEDICAID (MEDICAL ASSISTANCE) PROGRAM

1. 30-5-59. Provider participation requirements. This regulation is being amended to:

(1) Delete the requirement that providers must accept Medicare assignment in order to participate in the med-

icaid/medikan program; and

(2) add that providers must maintain and furnish within the time frame specified in a request any information that the Kansas Department of Social and Rehabilitation Services may request for five years from the date that the medical service was performed.

Economic Impact: None.

2. 30-5-100. Scope of dental services. This regulation is being amended to add prior authorized dental services for adult recipients when provided as treatment for acute medical emergencies in order to stabilize a medical condition. Services shall be limited to those dental services necessary for stabilization of a medical condition.

Economic Impact: Estimated increased expenditures of

\$78,000 (\$35,155 state general funds).

#### Article 6.—MEDICAL ASSISTANCE PROGRAM— CLIENTS' ELIGIBILITY FOR PARTICIPATION

1. 30-6-57. Job search requirements. This regulation is being revoked as implementation of the new federal JOBS program is being restricted to the public assistance programs. However, job search services under the cash assistance programs will be available to volunteers.

Economic Impact: This change is not expected to have

any discernible economic impact.

2. 30-6-58. Potential employment. This regulation is being revoked as implementation of the new federal JOBS program is being restricted to the public assistance program.

Economic Impact: Estimated increased expenditures of

\$36,464 (\$16,408 state general funds).

3. 30-6-63. Assignment of rights to medical support or other third party payments. This regulation is being amended to include the provisions of SB 378, which extends the statutory assignment to include financial as well as medical support. As a result, the title of the regulation is also being changed to "Assignment of rights to support and other third party payments."

Economic Impact: This change is not expected to have

any discernible economic impact.

4. 30-6-65. Automatic eligibles. This regulation is being amended to revise the automatic medical benefits for KanWork participants. To be eligible for extended benefits, the participant:

Must have received public assistance in three of the six months immediately preceding the first month of transitional medical:

Must have lost eligibility due solely to the increased earned income or hours of employment; and

Must not have been rendered ineligible for assistance as a result of a fraud determination at any time during the six months immediately preceding the first month of transitional medical.

Assistance under this provision shall be initially provided to persons for a period not to exceed six months provided that the individual continues to be a resident of the state, provides ongoing status reports as may be required by the secretary, and the person continues to be employed.

Assistance shall be provided for an additional six-month period of time for persons who continue to meet the above criteria except that if the person's gross earned income, less the cost of child care, exceeds 185 percent of the official federal poverty income guidelines, assistance shall terminate.

Persons who have gross earned income, less the cost of child care, that exceeds 100 percent of the official federal poverty income guideline shall be responsible for contributing to the payment of the cost of medical cov-

erage. Other technical wording changes also have been

Economic Impact: See the economic impact statement

for K.A.R. 30-4-63.

5. 30-6-73. Deprivation in ADC. This regulation is being amended to provide for the continuation of ADC for a period not to exceed six months if the extension is needed for a satisfactory reconstruction of normal family life or the obtaining of employment when an absent parent returns, the parent is no longer incapacitated, or the parent returns to work. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: Estimated increased expenditures of

\$61,542.72 (\$27,694.22 state general funds).

6. 30-6-103. Determined eligibles; protected income levels. This regulation is being amended to provide that the protected income levels for persons in independent living arrangements shall be used in all situations, except where specifically prohibited by section 303(a) of the Medicare Catastrophic Coverage Act of 1988. In accordance with the new law, if one spouse of a married couple enters an institutional living arrangement, the institutional protected income level is to be used. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: See the economic impact statement

for K.A.R. 30-6-106.

7. 30-6-106. General rules for consideration of resources, including real property, personal property, and income. This regulation is being amended to incorporate the division of assets provisions contained in the Medicare Catastrophic Coverage Act of 1988, Public Law 100-360. The federal statute closely parallels the state's division of assets provisions except that the federal law permits the division of resources up to \$60,000 compared to the state's \$50,000 limit and an increase of \$34 per month in income that can be allocated to the community spouse. In no instance can the allocated income exceed \$1,500 per month. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: Estimated increased expenditures of

\$176,196 (\$81,050 state general funds).

8. 30-6-110. Income. This regulation is being amended to exclude the earned income tax credit (EITC) from the definition of "earned income." Other technical changes and clarifications have also been made to the regulation. (Federal Mandate.)

Economic Impact: See the economic impact statement

for K.A.R. 30-6-113.

9. 30-6-111. Applicable income. This regulation is being amended to change the earned income disregards for non-SSI. The \$75 standard work expense has been increased to \$90. The child care deductions are being increased to \$200 for children under age two and to \$175 for all other persons. (Federal Mandate.) Other technical wording changes also have been made.

Economic Impact: Estimated increased expenditures of

\$120,000 (\$54,000 state general funds).

10. 30-6-112. Income exempt from consideration as income and as a cash asset. This regulation is being amended to exempt payments to certain persons of Japanese ancestry and certain Aleuts under Titles I and II of Public Law 100-383. (Federal Mandate.)

Economic Impact: This change is not expected to have

any discernible economic impact.

11. 30-6-113. Income exempt as applicable income. This regulation is being amended to exempt the earned income tax credit (EITC) as applicable income. In addition, technical changes have been made to delete references to the income exclusions that pertain to the division of income policies as K.A.R. 30-6-106 has been amended to incorporate the new provisions for division of assets. (Federal Mandate.)

Economic Impact: Estimated increased expenditures of

\$213,690 (\$96,160 state general funds).

#### Article 7.—COMPLAINTS, APPEALS AND FAIR HEARINGS

1. 30-7-68. Request for fair hearing. This regulation is being amended to provide that a request for a fair hearing involving food stamps must be received by the agency within 90 days from the date the notice of action is mailed and to make technical changes.

Economic Impact: None.

WINSTON BARTON Secretary of Social and Rehabilitation Services

Doc. No. 008008

#### State of Kansas SOCIAL AND REHABILITATION SERVICES

#### KANSAS MEDICAID STATE PLAN HOSPITAL REIMBURSEMENT AMENDMENT

Notice is hereby given pursuant to 42 CFR 447.205 regarding changes in statewide methods and standards for setting payment rates for hospitals participating as providers in the Kansas Medicaid/MediKan Program on behalf of Medicaid/MediKan recipients.

(1) The proposed change sets forth the methodology for the Kansas Diagnosis Related Group (DRG) Reimbursement System for inpatient hospital services provided on behalf of Kansas Medicaid recipients, which will be effective with services provided on and after July 1, 1989.

(2) It is estimated that there will be an increase of \$10,766,886 annual aggregate expenditures resulting from

(3) The Kansas Department of Social and Rehabilitation Services (SRS) is changing the Medicaid/MediKan Program reimbursement methodology for inpatient general hospital services provided on behalf of Medicaid/MediKan recipients so that this methodology is similar to other payers of health care (such as Blue Cross/Blue Shield and Medicare). It makes the hospitals' accounting and billing systems more compatible and therefore more efficient.

(4) Copies of the proposed changes are available for

public review by contacting any local SRS office.

(5) Written comments may be sent to and reviewed by the public at:

The Division of Medical Programs Attention: Sally Adams Kansas Department of Social and Rehabilitation Services

(continued)

Docking State Office Building, 628-S 915 Harrison Topeka, KS 66612

(6) A public hearing was held on April 25, 1989, at the SRS open meeting in the Docking State Office Building, 915 Harrison, Topeka.

#### KANSAS MEDICAID STATE PLAN

Attachment 4.19-A
Outline

Methods and Standards for Establishing Payment Rates— Inpatient Hospital Care

- I. General Hospital Reimbursement for Inpatient Services
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  - B. Diagnosis Related Groups (DRG) Reimbursement System
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- Specific DRG Relative Weights (DRGs with 16 or More Claims, Psychiatric DRGs, and Drug/Alcohol DRG)
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- e. Group Payment Rates
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- 6. Determination of Payment Under the DRG Reimbursement System
  - a. Identification of Outlier Claims
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  - d. Transfers
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- (3) Example to Illustrate Payment Computations for Transition Billings
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- II. Services Excluded from the DRG Reimbursement System
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- IV. Reimbursement for SNF and ICF Services (Swing Beds) in General Hospitals
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#### KANSAS MEDICAID STATE PLAN

Methods and Standards for Establishing Payment Rates— Inpatient Hospital Care

I. General Hospital Reimbursement for Inpatient Services

A. Disproportionate Share Payment Adjustment

The Medical Assistance Program (Medicaid) of the State of Kansas shall make a reimbursement adjustment for disproportionate share hospitals. The reimbursement adjustment for disproportionate share hospitals shall be made for hospitals eligible under either criteria contained in P.L. 100-203, Section 4112, effective July 1, 1988.

1. Option 1

If determined eligible for disproportionate share payment adjustment according to P.L. 100-203, Section 4112, Subsection (b)(1)(A) (eligibility shall be determined for a maximum of one year per determination), a hospital shall

be reimbursed for inpatient services according to the following. The mean Medicaid inpatient utilization rate for Kansas hospitals receiving Medicaid payments plus one standard deviation shall be subtracted from the Medicaid inpatient utilization rate. The remainder shall be divided by 2, 2.5% shall be added, and the result shall represent the percentage payment adjustment. This percentage payment adjustment shall be multiplied by the Medicaid annual payment amount excluding any first day intensity allowance payment for inpatient hospital services made for the state fiscal year ending two years prior to the year of the administration of a disproportionate payment adjustment (1989 state fiscal year payment adjustment shall be based upon state fiscal year 1987 Medicaid annual payment excluding any first day intensity allowance payment for inpatient services). These payment adjustments shall be made to hospitals in equal quarterly amounts.

2. Option 2

If determined eligible for disproportionate share payment adjustment according to P.L. 100-203, Section 4112, Subsection (b)(1)(B) (eligibility shall be determined for a maximum of one year per determination), a hospital shall be reimbursed for inpatient services according to the following. If the low income utilization rate exceeds 25%, the amount in excess of 25% shall be divided by 2, 2.5% shall be added, and this result shall represent the percentage payment adjustment. This percentage payment adjustment shall be multiplied by the Medicaid annual payment amount excluding any first day intensity allowance payment for inpatient hospital services made for the state fiscal year ending two years prior to the year of the administration of a disproportionate payment adjustment (1989 state fiscal year payment adjustment shall be based upon state fiscal year 1987 Medicaid annual payment excluding any first day intensity allowance payment for inpatient services). These payment adjustments shall be made to hospitals in equal quarterly amounts.

3. Simultaneous Option 1 and Option 2 Eligibility If a hospital is eligible under both Subsection (b)(1)(A) and (b)(1)(B), the disproportionate share payment adjustment shall be the greater of these two options.

4. Request for Review

If a hospital is not determined eligible for disproportionate share payment adjustment according to P.L. 100-203, Section 4112, Subsections (b)(1)(A) or (b)(1)(B), a hospital may request in writing a review of the determination between July 1 and July 31 beginning in 1989. Any data supporting the redetermination of eligibility must be provided with the written request.

B. Diagnosis Related Groups (DRG) Reimbursement

1. Hospital Participation

General hospitals participating in the Kansas Medicaid/ MediKan Program shall participate in the Kansas Department of Social and Rehabilitation Services' Diagnosis Related Group Reimbursement System.

2. Definitions

The following terms and definitions shall apply to reimbursement for hospital services.

- a. "Admission" means the condition of entry into a hospital for the purpose of receiving inpatient medical
  - b. "Allowable cost" means the Medicare definition of (continued)

allowable cost in effect for a hospital's fiscal year ending in 1981 with the exceptions of malpractice-related costs and labor room-related costs which are applicable only prior to July 1, 1983, for settlement purposes.

c. "Border cities" mean those communities outside of the state of Kansas but within a 50 mile range of the state

order.

d. "Cost outlier" means a general hospital inpatient stay with an estimated cost which exceeds the cost outlier limit established for the respective diagnosis related group.

e. "Cost outlier limit" means the maximum cost of a general hospital inpatient stay established according to a methodology specified by the Department for each diagnosis related group.

f. "Day outlier" means a general hospital inpatient length of stay which exceeds the day outlier limit estab-

lished for the respective diagnosis related group.

g. "Day outlier limit" means the maximum general hospital inpatient length of stay established according to a methodology specified by the Department for each diagnosis related group.

h. "Diagnosis related group (DRG)" means the classification system which arranges medical diagnoses into mu-

tually exclusive groups.

- i. "Diagnosis related group (DRG) adjustment percent" means a percentage assigned by the Department to a diagnosis related group for purposes of computing reimbursement.
- j. "Diagnosis related group (DRG) daily rate" means the dollar amount assigned by the Department to a diagnosis related group for purposes of computing reimbursement when a rate per day is required.
- k. "Diagnosis related group (DRG) reimbursement system" means a reimbursement system in the Kansas Medicaid/MediKan Program for general hospital inpatient services which uses diagnosis related groups for determining reimbursement on a prospective basis.

l. "Diagnosis related group (DRG) weight" means the numeric value assigned to a diagnosis related group for

purposes of computing reimbursement.

m. "Discharge" means the condition of release from a hospital. A discharge occurs when the recipient leaves the hospital or dies. A transfer to another unit within a hospital (except to a swing bed), and a transfer to another general or special hospital is not a discharge.

n. "Discharging hospital" means (in instances of the transfer of a recipient) the hospital which discharges the recipient admitted from the last transferring hospital.

o. "Disproportionate share hospital" means a hospital which has a Medicaid inpatient utilization rate of at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in Kansas, or a hospital whose low income utilization rate exceeds 25 percent. A disproportionate share hospital must have at least two obstetricians who have staff privileges at the hospital and who have agreed to provide obstetric services to Medicaid eligible individuals. This does not apply to a hospital whose inpatients are predominantly under 18 years of age or which does not offer nonemergency obstetric services to the general population as of December 21, 1987. In the case of a hospital located in a rural area as defined by the Health Care Financing Administration, Executive Office of Management and

Budget, the term "obstetrician" may include any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.

p. "Estimated cost" means the cost of general hospital inpatient services provided to a recipient which is computed using a methodology specified by the Department.

- q. "General hospital" means an establishment with an organized medical staff of physicians, with permanent facilities that include inpatient beds, with medical services, including physician services and continuous registered professional nursing services for not less than 24 hours of every day, and which provides diagnosis and treatment for patients who have a variety of medical conditions.
- r. "General hospital group" means the category to which a general hospital is assigned for purposes of computing reimbursement.
- s. "General hospital inpatient beds" means the number of beds as reported by the general hospital on the hospital and hospital health care complex cost report form excluding those beds designated as skilled nursing facility or intermediate care facility beds. For hospitals not filing the hospital and hospital health care complex cost report form the number of beds shall be obtained from the provider application for participation in the Kansas Medicaid/Medikan Program form.

t. "Group reimbursement rate" means the dollar value assigned by the Department to each general hospital group for a diagnosis related group weight of one.

- u. "Length of stay as an inpatient in a general hospital" means the number of days an individual remains for treatment as an inpatient in a general hospital from and including the day of admission, to and excluding the day of discharge.
- v. "Low income utilization rate" means the sum of (1) the fraction expressed as a percentage, the numerator of which is the sum for a period of the total revenues paid by Medicaid to the hospital for patient services and the amount of the cash subsidies for patient services received directly from state and local governments, and the denominator of which is the total amount of revenues of the hospital for patient services (including the amount of such cash subsidies) in the period; and (2) a fraction expressed as a percentage, the numerator of which is the total amount of the hospital's charges for inpatient hospital services which are attributable to charity care in a period, less the portion of any cash subsidies (as referred to above in [1] in the period reasonably attributable to inpatient hospital services, not including contractual allowances and discounts other than for indigent patients not eligible for Medicaid and the denominator of which is the total amount of the hospital's charges for inpatient hospital services in the hospital in the period.
- w. "Medicaid inpatient utilization rate" means a fraction expressed as a percentage, the numerator of which is the hospital's number of inpatient days attributable to patients who for such days were eligible for Medicaid in a period, and the denominator of which is the total number of the hospital's inpatient days in that period.
- x. "Metropolitan statistical area (MSA)" means a geographic area designated as such by the United States executive office of management and budget.
- y. "Readmission" means the subsequent admission of a recipient as an inpatient into a hospital within 30 days

of discharge as an inpatient from the same or another DRG hospital.

- z. "Special hospital" means an establishment with an organized medical staff of physicians, with permanent facilities that include inpatient beds, with medical services including physician services and continuous registered professional nursing services for not less than 24 hours of every day, and which provides diagnosis and treatment for nonrelated patients who have specified medical conditions.
- aa. "Standard diagnosis related group (DRG) amount" means the amount computed by multiplying the group reimbursement rate for the general hospital by the diagnosis related group weight.

bb. "Stay as an inpatient in a general hospital" means the period of time spent in a general hospital from ad-

mission to discharge.

cc. "Transfer" means the movement of an individual receiving general hospital inpatient services from one hospital to another hospital for additional related inpatient care after admission to the previous hospital or hospitals.

dd. "Transferring hospital" means the hospital which transfers a recipient to another hospital. There may be more than one transferring hospital for the same recipient until discharge.

3. Effective Date and Billing Requirements

a. Effective Date

Beginning with services provided on and after July 1, 1989, the Medical Assistance Program (Medicaid) of the State of Kansas shall make payments for covered general hospital inpatient services on a prospective basis under the Diagnosis Related Groups (DRG) Reimbursement System.

b. General Billing

Under the DRG Reimbursement System a hospital may bill only upon discharge of the recipient, with the exception of "Transition Billing" (subsection 3. c.), "Interim Billing" (subsection 3. d.), and "State Fiscal Year End Billing" (subsection 3. e.).

The reimbursement amount shall be computed based on the type of patient stay (non-outlier, cost or day outlier, transfer, etc.) The methods of computing payment amounts are explained in "Determination of Payment Under the DRG Reimbursement System" (section I. B. 6.)

c. Transition Billing

For transition from Per Diem System to the DRG Reimbursement System on July 1, 1989, general hospitals shall be required to submit split billings with a June 30, 1989, cut-off, except for discharges occurring on July 1, 1989.

For services provided through June 30, 1989, the reimbursement amount shall be computed according to the Per Diem System methodology. For services rendered on and after July 1, 1989, the payment amount shall be determined under the DRG Reimbursement System.

See "Transition from the Per Diem System to the DRG Reimbursement System" (subsection I. B. 6. g.) for determination of the reimbursement amount.

d. Interim Billing

Hospitals may submit interim billings for inpatient stays longer than 60 days under the DRG reimbursement system. Each interim bill should include no less than 60 days of continuous inpatient stay except for the following two interim billing situations:

(1) The final interim bill after discharge may include less than 60 days as necessary.

(2) A combination of interim and state fiscal year end cut-off billing may include less than 60 days if the length of stay between the last interim bill and June 30 is less than 60 days. See "Interim/State Fiscal Year End Combination Billing" (subsection 3.f.) for more discussion.

The first interim bill will begin with the date of admission, and all subsequent interim billings should start with the day following the last date of service included in the preceding interim billing. There should be no duplication of billed days between any two consecutive interim billings. At any point in time, all the interim bills to date added together should give the total (cumulative) cost and length of stay through the last date of service included in the most recent interim bill.

See "Payment for Interim Billings" (subsection I. B. 6. h.) for the method of reimbursement for interim billings.

e. State Fiscal Year End Billing

Each year hospitals shall be required to submit split billings for inpatient stays which cross over a state fiscal year end, to separate the stays through June 30 from the stays on and after July 1. Hospitals with a discharge occurring on July 1 do not have to split bill.

The reimbursement for inpatient stays through June 30 shall be computed using the DRG system components (group payment rates, outlier limits, DRG weights, etc.) in effect during that period. For services provided on and after July 1, the payment amount computations shall use the system components effective on and after July 1.

f. Interim/State Fiscal Year End Combination Billing On July 1 of each year a new 60-day interim billing cycle will begin for inpatient stays that cross over a state fiscal year end, and for which the hospital has submitted one or more interim bills prior to the fiscal year end.

The state fiscal year end cut-off billing also represents an interim bill, even if the days of service covered by the bill are less than 60. July 1 is the "Day 1" for the

next interim billing.

To avoid short billings and timing problems, it is recommended that more than 60 days may be included in the cut-off billing at the hospital's option. For example, if the last interim bill included a period through May 26, a single interim/state fiscal year end combined bill covering May 27 through June 30 (65 days) may be submitted instead of two bills (an interim bill for May 27 through June 25 [60 days] and a short state fiscal year end cut-off bill covering the period June 26 through June 30 [5 days].

4. Hospital Grouping

The Kansas Department of Social and Rehabilitation Services shall assign general hospitals participating in the Kansas Medicaid/Medikan Program to one of three groups, and shall annually redetermine and notify in writing each general hospital of its group assignment. The cost reports with fiscal years ending on and before June 30 of the previous year shall be used to establish group placement.

a. A general hospital assigned to group one shall be:

(1) Located within a metropolitan statistical area in the

state of Kansas or its border cities and have a minimum of 200 general hospital inpatient beds; or

(2) Located within 10 miles of a general hospital meeting the criteria set forth in subsection a (1); or

- (3) Located outside of the state of Kansas or its border cities with a minimum of 200 general hospital inpatient beds.
  - b. A general hospital assigned to group two shall be:
- (1) Located within a metropolitan statistical area in the state of Kansas or its border cities and have less than 200 general hospital inpatient beds; or

(2) Located outside of a metropolitan statistical area in the state of Kansas or its border cities and have a minimum of 100 general hospital inpatient beds; or

(3) Located within 10 miles of a general hospital meeting the criteria set forth in subsections b (1) or b (2); or

- (4) Located outside of the state of Kansas or its border cities with at least 100 but less than 200 general hospital inpatient beds.
- c. A general hospital shall be assigned to group three if it does not meet the criteria pursuant to subsections a or b above.
- d. A general hospital shall be assigned to group one if it meets the criteria for assignment to both group one and group two.

5. Initial Development of the DRG System Components

The Kansas Department of Social and Rehabilitation Services used the same DRG classification as used by Medicare to design its DRG Reimbursement System for general hospital inpatient services. Subsections 5. a. through 5. g. provide a discussion of the development of the various system components for use in initiating the payment system on July 1, 1989. The discussion flows in the order of the steps performed for the computations involved. For example, the establishment of the data base (subsection 5. a.) was necessary before cost determination (subsection 5. b.); outlier claims had to be identified (subsection 5. c.) prior to separating them out from the data base for computing the various system components described in subsections 5. d. through 5. g.; etc.

It should be noted that the methodologies described in section I. B. 5. were used for developing the initial system components to start the DRG Reimbursement System on July 1, 1989. For future updates and changes to the system components, see section I. B. 7.

a. Initial Data Base

For developing the initial DRG relative weights, group payment rates, and other system components for use effective July 1, 1989, the Department used as data base Medicaid/Medikan claims paid by the fiscal agent between August 1, 1987, and September 30, 1988. Certain claims were excluded from the data base while some others were modified before including in the data base as listed below:

- (1) Claims Excluded from the Data Base
- -Crossover claims (Medicare paid by Medicaid).
- —Swing bed claims.
- -Claims from special hospitals.
- Claims from out-of-state hospitals.
- —Claims from transferring hospitals (in case of transfers, only the claims from the final discharging hospitals were included in the data base).
  - -Adjusted claims (in cases where a hospital resubmit-

ted a claim with corrections, the original claim was excluded from the data base. Only the final paid claim was included).

—Claims with unusually low cost data for the given DRG, or other abnormal data.

—Interim claims which could not be matched together, and which did not exceed sixty (60) days in length.

- (2) Claims Modified Before Included in the Data Base—Newborn/delivery claims (those claims which contained combined newborn and delivery billings, were first separated before including them in the data base. The ratio of newborn and delivery costs developed from claims which had singular billings [either newborn or delivery on each claim], was used for separating the combined bills).
- —Interim claims (before including them in the data base, interim claims were identified and matched together to result in either a complete stay or a lengthy stay where no discharge had occurred).

b. Determination of the Costs of Claims

The cost of each claim in the data base was determined using the cost data from the respective hospital's Medicare cost report, as discussed below.

(1) Cost Reports

The Department used unaudited hospital cost reports covering reporting periods ending in 1987 to obtain the cost data for determining costs of claims, with no adjustment made for inflation.

(2) Cost Data

The cost data considered for computing costs of claims included education and capital costs. However, no professional component costs were included. Malpractice and Return on Equity costs were also excluded. These are non-claim specific costs incurred by hospitals, and the reduction in reimbursable costs resulting from these exclusions would tend to offset the effect of Medicare audits of hospital cost reports which generally reduce the costs reported by hospitals. Since hospital specific payment rates will not be used for reimbursement under the Kansas Medicaid DRG payment system, no individual hospital would be unduly penalized due to these cost exclusions. Further, reduction in reimbursable costs, if any, will be distributed over all hospitals in a group, which would lessen hospital specific effects.

(3) Cost Determination

The reimbursable Medicaid cost of each claim was computed by applying the per day rates (Worksheet D-1) and cost-to-charge ratios (Worksheet C) obtained from the corresponding hospital's cost report, to the covered days and ancillary charges on the claim.

(4) Example to Illustrate Cost Determination

Data

— Medicaid days and charges from a claim (the first and third columns in the routine service table and the second column in the ancillary service table).

— Rates and cost-to-charge ratios from the hospital cost report (the second column in the routine service table and the first column in the ancillary service table).

**Computations** 

Routine Cost = No. of Days x Rate
Ancillary Cost = Charges x Ratio

Medicaid			
Days	Rate	Charges	Cost
<b>6</b> .	\$247.70	\$1,500	\$1,486.20
0	300.42	0	.00
1	399.36	400	399.36
0	399.36	· <b>0</b>	.00
0	247.70	`0	.00
0	247.70	0	.00
· <u>7</u>		\$1,900	\$1,885.56
	Ratio	Charges	Cost
			\$ 101.00
			20.20
\$ .			.00
			57.64
			163.29
8			.00
			.00
			124.16
		,	17.74
			.00
			.00
			.00
			.00
			10.32
			.00
			153.80
			175.13
		.00	.00
•	0.477787	.00	.00
	Days 6 0 1 0 0 0 0	Days         Rate           6         \$247.70           0         300.42           1         399.36           0         247.70           0         247.70           7         Ratio           0.673302         0.673302           1.167897         0.768581           0.725719	Days         Rate         Charges           6         \$247.70         \$1,500           0         300.42         0           1         399.36         400           0         399.36         0           0         247.70         0           0         247.70         0           7         \$1,900           Ratio         Charges           0.673302         \$150.00           0.673302         30.00           1.167897         .00           0.768581         75.00           0.725719         225.00           0.725719         .00           0.587560         .00           0.709475         25.00           0.338426         .00           0.689033         .00           2.700472         .00           0.912793         .00           0.206447         50.00           0.473224         325.00           0.437813         400.00           0.000000         .00

Analusis

Emergency

Other Charges

Subtotal (Used for Other Charges Ratio)

Total Medicaid Charges and Cost

Subtotal-Ancillary

Total reimbursable Medicaid cost of the claim is \$2,708.84.

1.508338

0.56650

.00

.00

\$1,455.00

\$1,455.00

\$3,335.00

.00

.00

823.28

\$2,708,84

(5) Inflation from Cost Reports to 7/1/89

An inflation factor of 6 percent per year for 3 years was added to the cost report data to start the payment system on 7/1/89. This was based on several factors. The hospital cost reports are from fiscal years ending from March 31, 1987 thru Dec. 31, 1987. The first year of payments for DRG's will end June 30, 1990. This is slightly less than three (3) years difference. The consumer price index—Medical component has varied from 5.8% to 7.2% from June 1987 to April 1989, with recent months being at 7.2%. The only time period below 6% was the annual inflation as of December, 1987. Therefore, the annual increase of 6% used is a reasonable increase considering the actual inflation rate.

c. Identification of Outlier Claims in the Initial Data Base

(1) Average Costs and Lengths of Stay

After determining costs of all claims in the data base (as discussed in subsection 5. b.) the claims were accumulated by DRG number. The next step was to compute the following for each DRG:

- Mean cost per stay
- Standard deviation of the cost per stay
- Mean length of stay (LOS)
- Standard deviation of the length of stay
- (2) Establishment of Outlier Limits

Cost and day outlier limits were then computed for

each DRG by adding 1.94 standard deviations to the mean as shown in the following formulae:

Cost	Mean	Standard
Outlier Limit =	Cost Per Stay + 1.94 x	Deviation of Cost
Day	Mean	Standard
Outlier Limit =	Length of Stay + 1.94 x	Deviation of LOS

Please note that the day outlier limits were rounded down to the nearest whole number because portions of a day were not considered as a full inpatient day. A claim is an outlier if its cost and/or length of stay exceeds the cost and/or day outlier limit respectively. Therefore, the costs and lengths of stay of all claims in each DRG were compared with the cost and day outlier limits established as discussed above for the corresponding DRG, to determine which claims were cost and/or day outliers.

(3) Example of Identifying Outliers

Data

	Days		Cost
Claim # 1—	1		\$1,039
Claim # 2—	. · · 1 · ·		972
Claim # 3—	1		916
Claim # 4—	1		446
Claim # 5—	2		1,054
Claim # 6	2		495
Claim # 7—	. 2	•	1,976
Claim # 8—	. 2		743
Claim # 9	3		1,131
Claim #10—	· 3		923
Claim #11—	3		2,479
Claim #12—	3	and the second of the second	1,573
Claim #13—	4		1,234
Claim #14—	4		1,196
Claim #15—	4	* "	1,641
Claim #16	4	4.	2,749
Claim #17	. 5	1.3%	1,586
Claim #18—	5		1,583
Claim #19—	<b>5</b> 5		2,341
Claim #20—	10		3,314

## Computations

Total Cost	\$29,391
Mean Cost Per Stay (Total Cost/Total Claims)	1,470
Standard Deviation of the Cost Per Day	746
Total Number of Days	. 65 days
Mean Length of Stay (Total Days/Total Claims)	3.25
Standard Deviation of the LOS	2.05

Cost Outlier Limit = Mean Cost Per Stay + 1.94 x Std. Dev. = \$1,470 + (1.94 x \$746)

= \$2,917

Day Outlier Limit = Mean LOS + 1.94 x Standard Deviation = 3.25 + (1.94 x 2.05)

= 7.23 days or 7 days

# Analysis

Cost Outliers: All claims with costs up to and including \$2,917, the cost outlier limit, are non-cost outlier claims. Claims with costs over \$2,917 are outlier claims. Among the above listed claims, only claim #20 is a cost outlier with a cost of \$3,314.

Day Outliers: Claims with lengths of stay of 7 days or less are non-day outlier claims, whereas claims with lengths of stay 8 days and higher are day outliers. Out of the claims listed in this example, only the claim #20 with a LOS of 10 days is a day outlier.

d. Initial DRG Relative Weights

For use in initiating the DRG reimbursement system on July 1, 1989, the Kansas Department of Social and Rehabilitation Services developed DRG relative weights specific to the Kansas Medicaid/Medikan utilization of general hospital inpatient services for most DRG classifications. The weights for low volume DRGs (1 to 15 Kansas claims in a DRG) and zero volume DRGs (no Kansas claims in a DRG) were developed using data from other DRG reimbursement systems in combination with the available Kansas data. The relative weights for Psychiatric (DRG numbers 424 through 432) and Drug/Alcohol (DRG numbers 433 through 438) DRG classifications were derived from other DRG reimbursement systems in combination with the available Kansas data. The weights for all other DRG classifications were derived totally from Kansas Medicaid claims.

DRG relative weights will be used in conjunction with other components of the DRG reimbursement system for computing payment. Determination of payment is dis-

cussed in section I. B. 6.

(1) Comparison With Other DRG Reimbursement

Systems

The Department reviewed Medicare and those states which are operating DRG-based payment systems for their Medical Assistance programs, to determine which had most similarities with Kansas. Iowa, Montana, and North Dakota were found to be the most comparable to Kansas in population characteristics and geography; and also in relative weights, average lengths of stay, and day outlier limits for most DRG classifications. The DRG data from these three states were used in combination with Kansas claims where necessary, as described in the DRG weight methodologies discussed in subsections 5.d.(2)(b), 5.d.(6), and 5.d.(7).

(2) Data Base Adjustments for DRG Weight

Computations

(a) Exclusion of Outlier Claims

All outlier claims (identified as described in subsection 5.c.) were removed from the initial data base (established as in subsection 5.a.) for computing DRG relative weights.

(b) Adjustment for psychiatric and drug/alcohol services

(DRG numbers 424 through 438)

In comparison with Iowa, Montana, and North Dakota, the average lengths of stay of psychiatric and drug/alcohol DRGs for Kansas were found to be substantially higher. Therefore, the lengths of stay for these DRGs (424 through 438) obtained from Kansas Medicaid claims were averaged with the lengths of stay of the respective DRGs

from Iowa, Montana, and North Dakota.

Kansas claims in each DRG (numbers 424 through 438 were arranged in the length-of-stay (LOS) order, and were compared with the four-state average LOS for the corresponding DRG obtained as above. Only those psychiatric and drug/alcohol claims which had the LOS less than or equal to the four-state average LOS of the corresponding DRGs were included in the data base used for relative weight computations. All other psychiatric and drug/alcohol claims with LOS higher than the four-state averages for the respective DRGs were not considered in relative weight determinations.

At least 65% of the cost of psychiatric claims (DRG numbers 424 through 432), and not less than 80% of the cost of drug/alcohol claims (DRGs 433 through 438) were used in determing DRG relative weights.

(3) Determination of Kansas Medicaid Specific DRG Relative Weights (DRGs with 16 or more claims, psy-

chiatric DRGs, and drug/alcohol DRGs)

After removing all outlier claims (subsection 5.d.(2)(a))and the psychiatric claims which exceeded 65% of cost and drug/alcohol claims which exceeded 80% of cost, the adjusted data base consisted of:

- A minimum of 65% of psychiatric costs (DRGs 424 through 432);

- At least 80% of drug/alcohol costs (DRGs 433 through 438); and

- 100% of the costs of non-outlier claims in all other DRG classifications.

For each DRG with sixteen (16) or more Kansas claims and for psychiatric and drug/alcohol DRGs, we computed the following averages:

— Average Cost Per Stay;

- Average Length of Stay; and

- Average Cost Per Dav.

Note that the above "average" costs and LOS differ from the "mean" costs and LOS determined earlier in subsection 5.c. The data base used for the mean costs and mean lengths of stay in subsection 5.c. included outlier claims, and was not adjusted for psychiatric and drug/alcohol services.

An "overall average cost" of all DRGs was also determined from the adjusted data base. Assigning this overall average cost a weight of 1.00, a relative weight was computed for each DRG based on its average cost per stay determined above, as compared to the overall average cost:

Average Cost of the DRG DRG Relative Weight Overall Average Cost

(4) Adjustment to Psychiatric and Drug/Alcohol DRG

Weights

Subsequent to the publication of DRG weights, a minimum of 81% of cost was used for both psychiatric and drug/alcohol services. The weights of these DRGs were increased accordingly. However, no adjustments were made due to this change either to the relative weights of other DRGs or to group payment rates.

(5) Example to illustrate the Computation of Kansas

Medicaid Specific DRG Weights

This example used the same data as in subsection 5.c.(3), "Example of Identifying Outliers." Since claim #20 was determined to be both a cost and a day outlier, listed below are only the non-outlier claims for use in computing the relative weight of this DRG:

			Days	S. 1	Cost
Claim	#	1	1		\$1,039
Claim	#	2	1		972
Claim	#	3	1	n de de	916

Claim # 4	1	ř.	446
Claim # 5—	. 2	We the man	1,054
Claim # 6—	2	at the strain of the	
Claim # 7—	2	and the second	1,976
Claim # 8—	2		743
Claim # 9—	: 3	Sec. 25	
Claim #10—	. 3	Same Same State Contraction	
Claim #11—	3	8	2,479
Claim #12—	3		
Claim #13—	. : <b>4</b>	and the second second	1,234
Claim #14—	4	and the second second	1,196
Claim #15	.4	The Age of the State of	1,641
Claim #16—	4	the state of the s	2,749
Claim #17—	· 5		1,586
Claim #18—	5		1,583
Claim #19—	5		2,341

Overall Average Cost: \$2,106.68 (All claims in data base)

### Computations

Total Cost\$2	6,077.00
Average Cost Per Stay (Total Cost/Total	
Claims)	1,372.47

Relative Weight of the DRG	Average Cost of the DRC  Overall Average Cost of a  DRGs		
	= 1,372.47		
3	2,106.68 = .6515		

# Analysis

The relative weight of .6515 in this example means that this DRG is less expensive to treat than the average DRG with a weight of 1.0000. In other words, it indicates that this DRG is 65.15% expensive in relation to all DRGs.

(6) Relative Weights for Low Volume DRGs

If very few paid claims are available for a DRG, any one claim can have a significant effect on that DRG's relative weight. Therefore, those DRGs for which only 1 to 15 claims were found in the initial data base were considered "low volume DRGs," and the relative weight determination for those DRG classifications was modified as discussed in the following paragraph.

The Department averaged the Kansas Medicaid specific relative weights for all low volume DRGs computed as described in subsection 5.d.(1), with the weights for the respective DRG classifications from Iowa, Montana, and North Dakota. The composite DRG weights thus obtained are presumably closer to the treatment costs associated with the DRGs because they are based on a larger volume of claims. Similar to DRG weights, the lengths of stay and outlier limits for the low volume DRGs were also averaged with those from the three states.

(7) Relative Weights for DRGs with no Kansas Medicaid Claims:

For some DRG classifications, no paid claims were found in the initial data base. Relative weights and other system components for these DRGs from Iowa, Montana, and North Dakota were averaged. The combined averages for the no volume DRGs thus obtained will be used for Kansas' DRG payment system effective on July 1, 1989.

e. Group Payment Rates

The Kansas Department of Social and Rehabilitation Services determined group payment rates for the three general hospital groups discussed in section I.B.4. The group payment rates will be used in conjunction with DRG relative weights and other components developed for the Kansas DRG reimbursement system, to determine payment as discussed in subsection 5.g.

(1) Determination of Group Payment Rates:

The same adjusted data base as used for DRG weights (subsection 5.d.(2)) which included only non-outlier claims and was adjusted for Psychiatric and Drug/Alcohol services, was used for developing group rates. Claims were identified by hospital and then assigned to the three groups based on the hospital assignments to groups. All claims were thus divided into three groups.

For each group we determined total cost, total DRG weight (using the weights computed for the DRGs assigned to the various claims), and total number of claims. Using these totals, we then computed an average cost and an average DRG weight for each group. The average cost divided by the average DRG weight gave the payment rate for each group. Psychiatric and Drug/Alcohol claims were excluded from these computations since the cost of these claims was adjusted in 5.d.(2)(b).

This method provides that, in the aggregate, each hospital group would be paid its cost for non-outlier claims. Individual claims and individual hospitals, however, may either make or lose money.

(2) Example of Group Rate Computation:

The following is a highly simplified example which, while illustrating the methodology used, does not represent actual numbers:

#### Data

Group 1		Gro	up 2	Gro	Group 3		
	DRG		DRG		DRG		
Cost	Weight	Cost	Weight	Cost	Weight		
\$1,500	.5000	\$1,200	.5000	\$1,000	.5000		
2,000	.8000	2,000	1.0000	2,000	1.0000		
2,500	1.0000	800	.4000	600	.5000		
3,000	1.2000	2,500	1.3000				
4,000	1.5000	3,000	1.4000		et e e		
1,000	.4000	5,000	1.8000		11 18		
6,000	2.2000	1,600	.7400		1		
4,500	1.4000				1.7		
2,500	1.0000						
2,000	.9000			2.			

### Computations

#### Data

	Group I	Group 2	Group 3
Total Cost of Claims	\$29,000	\$16,100	\$3,600
Total DRG Weight	10.9000	7.1400	2.1000
Total Number of Claims	10	7	3
Average Cost	\$2,900	\$2,300	\$1,200
Average DRG Weight	1.0900	1.0200	.7000
Group Payment Rate	\$2,660.55	\$2,254.90	\$1,714.29
. =			

The group payment rate is computed by dividing the average cost by the average DRG weight.

# f. DRG Daily Rates

The Department computed DRG daily rates for all DRG classifications. These rates will be used for computing reimbursement in cases involving day outliers, transfers, and eligibility changes. (See subsections 6.c.(2), 6.d.(1), and 6.f)

(1) Per Day Rates:

A per day rate was determined for each DRG by dividing the average cost per stay by the average length of stay, both obtained as discussed in subsection 5.d.(3). An adjustment was then made to the per day rates to reflect the relative occurrence of outlier claims in the three general hospital groups. This adjustment was made since the majority of the per day rates would be paid for day outliers and to take into account the distribution of outlier claims among the three groups of hospitals. Computation of this adjustment involved several percentages and factors as shown in subsections 5.f.(2) through 5.f.(5).

(2) Outlier Claims Percentages:

The relative number of outlier claims in a group as compared to the total number of outlier claims in the data base, was developed for each of the three groups:

O41:			No. of Outlie	r Claims in the	
Outlier Claims Percentage	. :	=	Group		
			Total No. of	Outlier Claims	

(3) Weighted Average Group Rates:

The three group payment rates (determined as discussed in subsection 5.e.) were weighted by the corresponding relative number of outlier claims (computed in subsection 5.f.(2)):

Weighted Average =		Outlier Claims Percentage for		x	Group Payment
Group Rate		the Group			Rate

# (4) Overall Average Cost of all DRGs:

Using non-outlier claims only, an overall average cost of all DRGs was computed by dividing the total cost of all claims, with adjustment for Psychiatric and Drug/Alcohol claim costs as discussed in subsection I.B.5.3.(c), by the total number of claims. No inflation adjustment was made to the total cost of claims.

Total Cost \$60,268,024.00
Divide by Number of Claims
Overall Average Cost \$2,106.68

When this computation was finalized, there were 28,608 non-outlier claims in the database. Subsequently, several claims were determined to be outliers, and later computations used 28,603 non-outlier claims.

(5) Adjustment for the Per Day Rates:

The sum of the three weighted average group rates (subsection 5.f.(3)) divided by the overall average group rate (subsection 5.f.(4)), gave the adjustment factor for the per day rates:

Adjustment Factor	Group 1 = (Weighted Avg. Rate	Group 2 + Weighted Avg. Rate	+	Group 3 Weighted) Avg. Rate	/	Overall Average Rate
	AVV. DATE	AVV. Date		AVV. Date		nate

# (6) DRG Daily Rates:

The per day rates computed for all DRG classifications (subsection 5.f.(1)) were each multiplied by the adjustment factor (subsection 5.f.(5)) to obtain DRG daily rates:

DRG Daily Rate	=	Per Day Rate	×	Adjustment Factor
		for the DRG		

(7) Example to Illustrate DRG Daily Rate Computation:

Data

From the example in subsection 5.d.(2):	
Total Cost	\$26,077
Total Length of Stay	
Total Number of Claims	19

Additional data:

	Group I		Group 2		Group 3	Total
Number of Outlier Claims:	981	+	186	+	94 =	1,261
Number of Non-Outlier Claims:	16,164	+	8,217	+	4,222 =	28,603
Number of Claims in Data Base:	17,145	+	8,403	+	4,316 =	29,864
Group Payment Rate	\$2,836		\$2,010		\$1,974	
- • •						

Calculations

Average Cost Per Stay	=	\$26,077/19	.=	\$1,372.47
Average Length of Stay	=	55/19	=	2.8947 days
Per Day Rate		\$1,372.47/2.8947	=	\$474.13

	Group 1	Group 2	Group 3	Total
Outlier Claims Percentage:	$\frac{981}{1.261} = .777954$	$\frac{186}{1,261} = .147502$	$\frac{94}{1,261} = .074544$	<b>,</b>
<b>Q</b> -1	1,201	1,201	1,201	
Multiply by				

Group Rate:	x <u>\$2,206.00</u> x <u>\$2,010.00</u> x <u>\$1,974.00</u>
Weighted Avg. Group Rate:	\$2,206.28 + \$296.48 + \$147.15 = \$2,649.91

Overall Average
Group Rate = Overall Avg. Cost of all DRGs x Inflation for Three Years at
6%
= 2,106.68 x 1.06 x 1.06 x 1.06
= 2.509.09

NOTE: See subsection 5.b.(5) for a discussion of the inflation used.

Adjustment Factor = \$2,649.91/\$2,509.09 = 1.055124

NOTE: 1.055787 has been used instead of the above (1.055124) based on earlier data. This was not changed when the data changed.

DRG Daily Rate = 
$$$474.13 \times 1.055787$$
  
=  $$500.58$ 

g. Hospital Specific Medicaid Cost to Charge Ratios
The Department established a cost to charge ratio of
Medicaid utilization of inpatient services for each hospital.
This ratio shows a comparison of Medicaid reimbursable
costs of general hospital inpatient services with the corresponding covered charges.

These ratios, to be effective on July 1, 1989, will be used in the DRG reimbursement system to estimate costs of claims for determining whether the claims meet the cost outlier criteria (subsection 6.a.), and also to compute payment for cost outliers (subsection 6.c.(1)). Please note these ratios should not be confused with the cost to charge ratios of various ancillary service departments computed in hospital cost reports.

(1) Cost Data:

For developing Medicaid cost to charge ratios for all general hospitals, we used unaudited hospital cost reports covering reporting periods ending on or prior to 6/30/88 as filed with the Department. No inflation adjustment or cost settlements were made. The cost reports were used as sources of per day rates for all types of days (Supple-

mental Worksheet D-1), cost to charge ratios for various ancillary departments (Worksheet C), risk components of malpractice insurance premiums (Worksheet D-8), and the ratios for return on equity computations where applicable (Supplemental Worksheet F-5). No physician ratios (professional component) were considered.

(2) Medicaid Activity:

Covered inpatient days and charges (both routine and ancillary) for the same period as covered by the cost report, obtained from the Medicaid inpatient log prepared by the fiscal agent, were used in conjunction with the cost report to calculate a Medicaid cost to charge ratio for each general hospital.

(3) Determination of Medicaid Cost to Charge Ratios: Covered inpatient days times the per day rates for the appropriate categories of days gave the reimbursable Medicaid routine service costs, and covered ancillary charges were multiplied by the appropriate cost to charge ratios to obtain the Medicaid ancillary service costs. Medicaid malpractice costs and return on equity (if applicable) were also computed.

The sum of the four components of Medicaid cost for the reporting period determined as above, was divided by the sum of routine service and ancillary service charges obtained from the Medicaid log, to yield the hospital's Medicaid cost to charge ratio.

(4) Example to Demonstrate Medicaid Cost to Charge Ratio Determination:

#### Data

- Medicaid days, routine charges, and ancillary charges from the Medicaid log.
- Per day rates, cost to charge ratios, and malpractice premiums from the hospital cost report.

# Computations

Routine Cost = No. of Days x Rate

**Ancillary Cost** 

of Each Dept. = Charges x Ratio

Malpractice Cost: See Attachment 4.19-A, Section R.1.b. of the Kansas Medicaid State Plan.

Madionid

#### Routine Services:

	•	Medicaid			
		Days	Rate	Charges	Cost
	Routine	508	185.66	\$100,346	\$ 94,315.28
	Nursey	156	72.56	9,650	11,319.36
	ICU	17	355.78	7,055	6,048.26
	CCU	5	355.78	925	1,778.90
	Sub 1	. 0	185.66	. 0	0.00
	Sub 2	<u>o</u>	185.66	0	0.00
	Subtotal-Routine				
	Services	686	·	<u>\$117,976</u>	<u>\$113,461.80</u>
	Ancillary Services:				
			Ratio	Charges	Cost
	Operating Room		0.582456	\$ 24,165.39	\$14,075.28
	Recovery Room		0.582456	0.00	0.00
	Delivery Room		1.370355	7,770.50	10,648.34
	Anesthesia		1.370355	0.00	0.00
	Radiology—Diagnostic		0.581806	9,508.00	5,531.81
	Radiology—Therapeutic		0.803487	0.00	0.00
	Nuclear Medicine		0.803487	1,914.00	1,537.87
L	Laboratory		0.827070	26,173.00	21,646.90
)	Blood		0.827070	0.00	0.00
•	Respiratory Therapy		0.625316	15,918.25	9,953.94
	Physical Therapy		0.549057	1,500.00	823.59

		The second second			
Occupational Th	erapy	0.5	49057	0.00	0.00
Speech Therapy			49057	0.00	0.00
EKG			72849	2,189.50	1,035.30
EEG			72849	0.00	0.00
Medical Supplie	·S	0.4	01484	38,448.45	15,436.44
Pharmacy			08969	23,149.95	14,097.60
Renal Dialysis.		1	00000	0.00	0.00
Ultrasound			25193	2,061.55	876.56
Emergency			23448	125.00	115.43
Subtotal (Used					
Charges Ratio				\$152,923.59	\$95,779.06
Other Charges.			26320	2,946.00	1,845.14
Subtotal—Ancill			20020	\$155,869.59	\$97,624.20
Subtotal—Antichi	ary Services			Ψ100,000.00	401,024.20
Malpractice Inst	ırance:	and a page of the			1 1
Medicaid Days					686
Divide by: Tota		iding Swing Be	ds)		9,855
Percent Medica					.069609
	ia (11070) 11	••••			
Medicaid			T19%	× <u>.022</u>	
Malpractice	=			.074	
Factor		(T19% × .	.022) +	$((1-T19\%) \times 1$	022)
			.074	1074	
		Α.		× .297297	
	-			) + (.930391	× 9780)
		(.000000	.201201	, , (	.9260
					.0200
				00000	
	=			20692	
			.020695	+ .982638	
					1000
	=.	•	<u>.0</u>	20695	
		1.003333			
		.020626			
		**	,		
341 W D		C			\$34,732
Malpractice Pre	miums (Nisk	Component)	• • • • •		×.020626
Medicaid Malpi	ractice Factor		• • • • • •		
Medicaid Malpi	ractice Cost.		• • • • • • •	••••	<u>\$716.38</u>
Medicaid Routi	ne Service C	ost			\$113,462
Medicaid Ancill	ary Service (	Cost			97,624
Medicaid Malpi					716
Medicaid Maib	actice Cost.			· · · · · · · · · · · · · · · · · · ·	

Analysi

The cost of inpatient services provided by the hospital to Medicaid recipients is 77.34% of the covered charges.

NOTE: This example will also be used in subsection 6.a.

Divide by: Total Medicaid Charges (117, 976 + 155,870)......

Medicaid Cost to Charge Ratio......

6. Determination of Payment Under the DRG Reimbursement System

This section provides policies and methodologies for the determination of payment in various situations under the DRG reimbursement system.

a. Identification of Outlier Claims

Each claim that is eligible for an outlier payment, will be tested to determine whether it meets the cost and/or day outlier criteria. If the claim does not qualify as either a cost or a day outlier, the standard DRG payment will be made (subsection 6.b.) to the hospital, unless the claim falls under one of the categories discussed in subsections 6.d. through 6.i. and another method is used for computing payment.

(1) Testing for Cost Outlier:

The covered charges on the claim will be multiplied by the pre-established Medicaid cost to charge ratio for the hospital (subsection 5.g.) to estimate the cost of the claim. If the estimated cost is higher than the cost outlier limit (subsection 5.c.(2)) established for the DRG which has been assigned to the claim, a cost outlier payment (continued)

\$211,802

(subsection 6.c.(1)) will be made to the hospital in addition to the standard DRG amount (subsection 6.b.).

(2) Testing for Day Outlier:

If the covered length of stay on the claim is higher than the day outlier limit (subsection 5.c.(2)) established for the DRG that has been assigned to the claim, a day outlier payment will be made to the hospital in addition to the standard DRG amount (subsection 6.b.).

(3) Example of Testing for Outlier:

Hospital Data: Group Payment Rate	\$2,836 .78
	78
Cost to Charge Ratio	.10
Claim Data: Covered Charges	\$39,760
Covered Length of Stay	50 days
DRG Data: DRG Weight	4.2294
Cost Outlier Limit	\$32,899
Day Outlier Limit	67 days
Daily Rate	\$503
Adjustment Percentage	.75
(NOTE: The above data will also be used in subsections 6.b.	and 6.c.)
Computation/Comparison	
Testing for Cost Outlier:	
Estimated Cost of Claim = Covered Charges × Ratio	
$= \$39.760 \times .78$	
= \$31,013	
Compare With Cost Outlier Limit	\$32,899

Cost Outlier: The estimated cost of the claim (\$31,013) is less than the cost outlier limit (\$32,899). Therefore, the claim is not a cost outlier.

Day Outlier: The covered length of stay on the claim (50 days) is less than the day outlier limit (67 days). Therefore, the claim is not a day outlier.

#### b. Standard DRG Payment

Compare With Day Outlier Limit.....

Testing for Day Outlier:

Covered Length of Stay ...

(1) Standard DRG payment will constitute the base payment for an inpatient discharge except in those situations where a partial payment may be made (subsections 6.d., 6.f., 6.g., and 6.h.). Any outlier payment for the qualifying claims will be in addition to the standard DRG payment (subsection 6.c.).

Standard DRG payment for a claim can be obtained by multiplying the relative weight of the DRG assigned to the claim, by the group payment rate assigned to the

hospital.

(2) Example of Standard DRG Payment Calculation: Referring to the data in subsection 6.a.(3):

Standard DRG Payment = DRG Weight ×

Hospital Group Payment Rate = 4.2294 × \$2,836

- = \$11,995
- c. Payment for Outlier Claims
- (1) Cost Outlier:
- (a) If a covered general hospital inpatient stay is determined to be a cost outlier, the total reimbursement will consist of the standard DRG payment (subsection 6.b.) plus an additional amount for the cost outlier portion of the claim. The payment for the cost outlier portion will be obtained by multiplying the difference between the estimated cost of the claim and the applicable cost outlier limit, by the DRG adjustment percentage. Cost outliers will only be paid for up to 360 days (see I. B. 6. h.)
  - (b) Example of Computing Cost Outlier Payment:

Data	
Hospital Data:	Same as subsection 6.a.(3)
Claim Data: Covered Charges	
DRG Data:	
Standard DRG Payment:	
Assumption:	Not a day outlier

Computations

Estimated Cost = Covered Charges × Hospital Ratio

 $= $45,980 \times .78$ = \$35,864

Payment for Estimated - Cost Outlier × DRG Adj. Outlier Portion = (Cost Limit ) Percentage

 $= (\$35,864 - \$32,899) \times .75$ 

= \$2,224

Total Claim

Payment = Std. DRG Pymt. + Outlier Pymt.

- = \$11,995 + \$2,224
- = \$14,219
- (2) Day Outlier:
- (a) If a covered general hospital inpatient stay is determined to be a day outlier, the total reimbursement will consist of the standard DRG payment (subsection 6.b.) plus an additional amount for the day outlier portion of the claim. The payment for the day outlier portion will be obtained by multiplying the difference between the covered length of stay and the applicable day outlier limit, by the DRG daily rate and the DRG adjustment percentage.

(b) Example of Computing Day Outlier Payment:

Data

50 days

67 days

Hospital Data:	Same as subsection 6.a.(3)
	Covered Length of Stav 73 days
DRG Data:	Same as subsection 6.a.(3)
Standard DRG Payment:	\$11,995 (from subsection 6.b.(2)).
Assumption:	Not a cost outlier

Computations

Payment for Covered Day DRG DRG
Day Outlier = (Length – Outlier) × Daily × Adjustment
Portion of Stay Limit Rate Percentage

 $= (73 - 67) \times $503 \times .75$ 

= \$2,264

Total Claim

Payment = Standard DRG Payment + Outlier Payment

=\$11,995 + \$2,264

= \$14,259

(3) Simultaneous Cost and Day Outlier:

- (a) If a covered general hospital inpatient stay is determined to be both a cost outlier and a day outlier, the reimbursement will be the greater of the amounts computed for cost outlier and day outlier (subsections 6.c.(1) and 6.c.(2)).
- (b) Example of Payment for Simultaneous Cost and Day Outlier:

Data

Total Payment for Cost Outlier ...... \$14,219 (subsection 6.c.(1)(b))
Total Payment for Day Outlier ...... \$14,259 (subsection 6.c.(2)(b))

Analysis

The higher of the two amounts, \$14,259, will be the reimbursement amount for the claim which meets both cost outlier and day outlier criteria.

- d. Transfers
- (1) Transferring Hospital(s):
- If a recipient is transferred during a covered general hospital inpatient stay from one hospital to another hospital, the reimbursement to each transferring general hospital shall be the DRG daily rate (subsection 5.f.) for each

covered day of stay. Total payment to each transferring hospital shall be no greater than the standard DRG amount. Transferring hospitals shall not be eligible for outlier payments.

(2) Discharging Hospital:

The discharging general hospital shall be reimbursed the standard DRG amount. If the claim qualifies as an outlier, the discharging hospital shall be eligible for an outlier payment based solely on the length of stay at the discharging hospital.

(3) Transfer to or from a Special Hospital:

If the transferring hospital or the discharging hospital is a special hospital, reimbursement to the special hospital will be computed according to the methodology for special hospitals.

(4) Example of Payment Determination in Transfers:

The following situation will provide an illustration of the various payment methods used when a patient is transferred from one hospital to another. Although the situation may not be realistic with regard to the medical treatment provided, it shows all basic payment methods for patient transfers through a single example.

A patient is admitted to a special hospital (Hospital A), and after a stay of two days with \$1,400 in billed charges, the patient is transferred to a general hospital (Hospital B). Hospital B has the patient for three days and the case is assigned DRG #186. Hospital B is in Group 2. The patient is then transferred to another general hospital (Hospital C) due to complications. The patient is discharged after six days from Hospital C, and is assigned DRG #186. Hospital C is in Group 1.

Payment to Hospital A: Since Hospital A is a special hospital, the payment will be determined using the methodology specified in the section on special hospitals.

Payment to Hospital B: Hospital B is a transferring general hospital, and will therefore be paid a DRG daily rate for each day of stay.

Data Used for this example:

DRG Daily Rate	\$597
DRG Weight	.6515
Group 2 Rate	\$2010

The transfer payment will be computed by multiplying the number of days times the DRG daily rate; i.e., 3 times \$597, or \$1,791. This amount will be compared against the standard DRG amount, and the lesser of the two shall be paid. The standard DRG amount is .6515 times \$2,010, or \$1,309.52. Therefore, Hospital B would be paid \$1,309.52. Even if the claim from Hospital B was a day and/or a cost outlier, no outlier payment would be made.

Payment to Hospital C: Hospital C is a discharging general hospital, and would therefore be paid the standard DRG amount.

Data used for this example:

DRG Weight	 .6515
	 \$2836

Therefore, the standard DRG amount is \$1,847.65. If this claim had been a day and/or a cost outlier, an additional payment would have been computed since this s the discharging hospital.

e. Readmissions

(1) Readmission to the Same Hospital

If a recipient is readmitted to the same hospital within thirty (30) days of discharge, and if the readmission is determined to have resulted from an inappropriate discharge; the reimbursement will be made only for the first admission.

(2) Readmission to a Different Hospital

If a recipient is readmitted to a different hospital within thirty (30) days of discharge, and if the readmission is determined to have resulted from an inappropriate discharge; payment will be made only to the second hospital to which the patient was readmitted. Payment made to the first hospital for the original (first) admission will be

(3) Determination of Payment for Readmissions

Whether the reimbursement should be made for the first or the second admission (the original admission or the subsequent readmission), will be ruled by the discussion in the preceding subsections 6.e.(1) and 6.e.(2). The amount of reimbursement in each situation will be determined as provided in subsections 6.a., 6.b., and 6.c.

f. Recipient Eligibility Changes

If a recipient is determined ineligible for the Medicaid/ MediKan Program during a portion of the inpatient stay, reimbursement shall be made to the general hospital only for those days of stay which were also days of eligibility. No reimbursement shall be made for services provided on days when a recipient was ineligible for the Medicaid/ MediKan Program.

The payment amount will consist of the DRG daily rate for each eligible day during the inpatient stay in the hospital. No more than the standard DRG payment plus any outlier payment (if applicable), will be allowed as the total payment. The reimbursement will be computed as provided in subsections 6.a., 6.b., and 6.c. Only the Medicaid covered inpatient days and charges will be used for outlier payment computation.

g. Transition from Per Diem System to the DRG Reim-

bursement System

If a recipient is admitted to a hospital before July 1, 1989 and discharged on or after this date, the reimbursement will be computed in two segments: payment for the inpatient stay through June 30, 1989 under the Per Diem Payment System, and payment for the stay on and after July 1, 1989 under the DRG Reimbursement System. The hospitals will be required to submit separate billings for the two segments of inpatient stay.

(1) Payment for Services through June 30, 1989

The reimbursement will be computed using the per diem system methodology (days × per diem rate).

Days

Number of days will be counted from the date of admission or since the last billing, whichever comes later; through June 30, 1989. For example, if the patient was admitted on May 27, 1989 and the hospital had already billed and received payment for May 27 through May 31, the days for the June 1989 billing will be counted beginning with June 1.

Per Diem Rate

The hospital's Medicaid per diem rate effective during the billing period will be used.

(2) Payment for Services On and After July 1, 1989 The reimbursement will be computed using the DRG

(continued)

system methodology, and will consist of a "prorated" standard DRG amount plus an outlier payment amount if qualified. A "prorated" standard DRG amount will be paid instead of a full amount because the hospital would have already been reimbursed for that portion of the inpatient stay which occurred prior to July 1, 1989 under the per diem system as discussed in the previous subsection (6.g.(1)). When testing for outlier criteria, the entire stay beginning with the date of admission even though it occurred prior to July 1, 1989, will be used.

Five situations are possible.

(a) The stay is not an outlier.

(b) The stay becomes a cost outlier after July 1, 1989.

(c) The stay becomes a day outlier after July 1, 1989.

(d) The stay becomes both a cost and a day outlier after July 1, 1989.

(e) The stay becomes an outlier (cost or day) on or before July 1, 1989.

It should be noted that once the length of stay exceeds 360 days, the stay will be treated as a day outlier, and no cost outlier computations would be done (see B. 6. h. (2)).

(a) Non-Outlier Stay: The standard DRG amount (DRG weight × group rate) will be prorated using days on and after July 1, 1989 as compared to the total length of stay.

(b) Cost Outlier After July 1, 1989: The standard DRG amount will be prorated using charges on/after July 1, 1989 but before the stay becomes a cost outlier, as compared to total charges for the stay till it becomes a cost outlier. In addition, a cost outlier payment will be computed using the appropriate method (subsection 6.c.(1)).

(c) Day Outlier After July 1, 1989: The proration of the standard DRG amount will be based on days on and after July 1, 1989 but before the stay becomes a day outlier, as compared to the total length of stay till it becomes a day outlier. The additional amount paid for the day outlier portion of the stay, will be computed using the day outlier method (subsection 6.c.(2)).

(d) Cost and Day Outlier After July 1, 1989: Outlier payment will be computed using both cost outlier and day outlier methods. Whichever method gives a higher amount, will be used for reimbursing for the outlier portion of the stay, and also for prorating the standard DRG amount. That is, if the cost outlier method yields a higher outlier payment amount, charges will be used for prorating standard DRG amount (subsection 6.g.(2)(b)); and if the day outlier method gives a higher amount, days will be used for the proration (subsection 6.g.(2)(c)).

(e) Outlier On or Before July 1, 1989: If the inpatient stay became an outlier, regardless of whether cost or day, on or before July 1, 1989; no standard DRG payment will be made. Only outlier payments will be made for the stay on and after July 1, 1989.

(3) Example to Illustrate Payment Computations for Transition Billings (Admission Before July 1, 1989; Discharge On or After July 1, 1989)

Four situations are provided below using four claims with slightly different claim specific data, to show the methodologies which will be used to determine reimbursement for an inpatient stay beginning in the state fiscal year 1989 (under the per diem payment system) and extending into the state fiscal year 1990 (under the DRG reimbursement system). The four claims illustrate unique

situations that may occur, while using the same hospital and DRG specific data.

Claim Data

	Claim #1	Claim #2	Claim #3	Claim #4
Admission	6/21/89	6/21/89	6/11/89	6/6/89
Discharge	7/11/89	7/11/89	7/11/89	7/2/89
DRG Number	17	17	17	<b>17</b>
Charges Before 7/1/89 Charges On/After	\$3,500	\$ 7,000	\$7,500	\$10,125
7/1/89	2,750	<u>5,500</u>	<u>1,875</u>	<u>500</u>
Total Charges	\$6,250	<u>\$12,500</u>	\$9,375	\$10,625
Days Before 7/1/89	10	10	20	25
Days On/After 7/1/89	<u>10</u>	<u>10</u>	<u>10</u>	<u>1</u>
Total Days	10 20	10 20	10 30	<u>26</u>
Hospital and DRG Data				
•		Hospita	d	DRG
FY '89 Per Diem Rate		\$ 380		
Group Payment Rate				The second of
Cost to Charge Ratio		. 809	6	1.
DRG Weight	· •••••••••••	•	]	.2257
DRG Daily Rate		•	\$	446
Cost Outlier Limit		•		8,802
Day Outlier Limit		•		5 days
DRG Adjustment Percen	itage	. P		75%

(a) Per Diem Payment for Services Before 7/1/89:

Days Before 7/1/89	10	10	20	25
Per Diem Rate	× \$380	× <u>\$380</u>	× \$380	× \$380
Payment	\$3,800	<u>\$3,800</u>	<u>\$7,600</u>	<u>\$9,500</u>

(b) Prorated Standard DRG Payment for Services On and After 7/1/89: This payment will be made for that portion of the inpatient stay which occurs on and after 7/1/89, until discharge or until the entire stay becomes an outlier, whichever comes first.

Outlier Identification				
Total Charges	\$6,250	\$12,500	\$9,375	\$10,625
Cost to Charge Ratio	× .80	× .80	× .80	× .80
Estimated Cost	\$5,000	\$10,000	\$7,500	\$8,500
Cost Outlier Limit	\$8,802	\$8,802	\$8,802	\$8,802
Cost Outlier?	No	Yes	No	No
	Claim #1	Claim #2	Claim #3	Claim #4
Total Days	20	20	30	26
Day Outlier Limit	25	25	25	25
Day Outlier?	No	No	Yes	Yes
Proration Method	Days	Charges	Days	Days
Proration			1	
Total Days or Estd.	; A	; ;	and the second	·
Cost (Entire Stay)	20	\$10,000	30	26
Less: Outlier Limit (If				4
An Outlier)	N/A	(8,802)	<u>(25)</u>	<u>(25</u> )
Days or Estd. Cost		*		
Beyond Outlier		41 100	· · · · · · · · · · · · · · · · · · ·	Section 1
Limit	N/A	\$1,198	5	, 1
Divide by: Cost to	27/4		NT/A	N/A
Charge Ratio	N/A	<u>.80</u>	N/A	N/A
Days or Estd. Chgs.	***			
Beyond Outlier	N/A	e1 409		1
Limit  Days or Charges On/	IV/A	<u>\$1,498</u>	<u> </u>	· · · <u>1</u>
After 7/1/89	10	\$5,500	10	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Less: Days or Estd.	10	ψ0,000		
Chgs. Beyond Out-	are, the			
lier Limit	<u>o</u>	(1,498)	(5)	(1)
Days or Estd. Chgs.		7-77	. 324	
On/After 7/1/89:		*		
Before Exceeding		G 2		• •
Outlier Limit	N/A	\$4,002	- 5	.0
Before Discharge (If		*, **		1 34 1
Not Outlier)	10	सु ह	1307.	

Add: Days or Charges				
Before 7/1/89	10	7,000	20	25
Total Days or Charges:				_
Before Exceeding Out-				
lier Limit	Y	\$11,002	<u>25</u>	25
Before Discharge (If			=	=
Not Outlier)	20			
Proration	50%	36.38%	20%	0%

The proration is determined by dividing the days or charges on and after 7/1 by the total days or charges.

charges on and after	· 7/1 by t	the total o	lays or cl	narges.
Prorated Standard DRG	Payment			
	Claim #1	Claim #2	Claim #3	Claim #4
Group Payment Rate	\$2,836	\$2,836	\$2,836	\$2,836
DRG Weight	$\times 1.2257$	$\times 1.2257$	×1.2257	×1.2257
Standard DRG	*			
Payment	\$3,476	\$3,476	\$3,476	\$3,476
Multiply by:				
Proration	× <u>.50</u>	× <u>.3638</u>	× <u>.20</u>	× <u>0</u>
Prorated Std. DRG	A1 500	41 OCT	4005	40
Payment	<u>\$1,738</u>	<u>\$1,265</u>	<u>\$695</u>	<u>\$0</u>
(c) Outlier Payme	nt for Se	rvices On	and Afte	r 7/1/89
Total Days or Estd.				
Cost	N/A	\$10,000	30	26
Less: Outlier Limit	(8,802)	<u>(25)</u>	(25)	
Days or Cost Beyond		•		
Outlier Limit	*,	\$1,198	5	1
Multiply By:				
DRG Adjustment				
Percentage		× .75	× .75	× .75
DRG Daily Rate	<u>N/A</u>	× \$446	× \$446	
Outlier Payment	\$899	<u>\$1,673</u>	<u>\$335</u>	
(d) Total Reimbur	sement fo	or the En	tire Stay	
Prorated Std. DRG				•
	\$1,738	\$1,265	\$ 695	\$ 0
Add: Outlier			4 2 22	
Payment	· <u>0</u>	<u>899</u>	<u>1,673</u>	<u>335</u>
Total DRG Pymt. for				
On/After 7/1/89	\$1,738	\$2,164	\$2,368	\$ 335
Add: Per Diem Pymt.				
for Before 7/1/89	<u>3,800</u>	<u>3,800</u>	<u>7,600</u>	9,500
Total Reimb. for En-				

h. Payment for Interim Billings

tire Stay ......

Hospitals will be allowed to submit interim bills for inpatient stays longer than sixty (60) days as discussed in subsection 3.d. Each interim bill must cover sixty (60) or more continuous days of service except the discharge billing and the state fiscal year end cut-off billing, each of which may include less than sixty (60) days as the situation may be.

**\$5,538** 

\$5,964

(1) First Interim Billing

The first interim bill will be treated like any other claim, in the sense that it will be tested to determine if it meets the cost and/or day outlier criteria (subsection 6.a.). If the stay covered in the first interim bill does not qualify as an outlier, only the standard DRG amount would be paid (subsection 6.b.). If the claim exceeds the cost and/or day outlier limit(s), an appropriate outlier payment will be made (subsection 6.c.) in addition to the base amount.

(2) Second and Subsequent Interim Billings

At the time of each interim bill after the first, an outlier payment amount will be determined using the cumulative cost and days since the date of admission through the last service date included in the current interim billing. One of the following two situations may occur:

(a) Up to 360 Days

Up until 360 days of continous stay, the Department will authorize the fiscal agent to pay the higher of cost and day outlier amounts for each interim bill.

(b) Longer than 360 Days.

When the stay becomes longer than 360 days, only day outlier payments will be made.

II. Services Excluded from the DRG Reimbursement

Reimbursement for liver transplant services shall be excluded from the DRG payment system. Reimbursement for liver transplants shall be based upon annual settlement based upon the lesser of reasonable costs or customary charges, contingent upon transplant surgery. For services provided prior to liver transplant surgery, or if transplant surgery is not performed, reimbursement shall be made according to the DRG payment system.

III. Reimbursement for Inpatient Services in Special

Hospitals

Reimbursement for inpatient services in special hospitals shall be based upon the lesser of reasonable costs or customary charges for covered services rendered to eligible individuals.

IV. Reimbursement for SNF and ICF Services (Swing

Beds) in General Hospitals

Reimbursement for SNF and ICF services (swing beds) provided in general hospitals (swing bed hospitals) shall be pursuant to 42 CFR 447.280.

V. Change of Ownership

A. Department Notification and Provider Agreements

1. Each hospital shall notify the Department in writing at least 60 days prior to the effective date of the change of ownership. Failure to do so shall result in the forfeiture of rights to payment for covered services provided to recipients by the previous owner or owners in the 60 day period prior to the effective date of the change of ownership. Failure to notify the Department in writing at least 60 days prior to the effective date of the change of ownership shall result in the new owner or owners assuming responsibility for any overpayment made to the previous owner or owners before the effective date of the change of ownership. This shall not release the previous owner of responsibility for such overpayment. This notification requirement may be waived at the discretion of the Department based upon the showing of good cause by a hospital changing ownership. The new owner or owners shall submit an application to be a provider of services in the program and shall not receive reimbursement for covered services provided to recipients from the effective date of the change of ownership until the date upon which all requirements for participation pursuant to state regulations have been met or until the date upon which an application to be a provider of services in the program is received by the Department, whichever is later.

2. At least 60 days before the dissolution of the business entity, the change of ownership of the business entity, or the sale, exchange or gift of 5% or more of the depreciable assets of the business entity the Department shall be notified in writing. If the business entity fails to provide 60 days written notice, no reimbursement shall be made. This actification was be waived

\$9,835

at the discretion of the Department based upon the showing of good cause by a hospital changing ownership.

3. If a sole proprietor not incorporated under applicable state law transfers title and property to another party, a change of ownership shall have occurred. An application to be a provider of service shall be submitted to the Department by the new owner and affiliated providers.

4. Transfer of participating provider corporate stock shall not in itself constitute a change of ownership. Similarly, a merger of one or more corporations with the participating provider corporation surviving shall not constitute a change of ownership. A consolidation of two or more corporations which creates a new corporate entity shall constitute a change of ownership, and an application to be a provider of services shall be submitted to the Department by the new owner and affiliated providers.

5. Each partnership that is dissolved shall not require a new provider agreement if at least one member of the original partnership remains as the owner of the facility. Each addition or subdivision to a partnership or any change of ownership resulting in a completely new partnership shall require that an application to be a provider of services shall be submitted to the Department by the new owner and affiliated providers.

6. The change of or creation of a new lessee, acting as a provider of services, shall constitute a change of ownership. An application to be a provider of services shall be submitted to the Department by the new lessee and affiliated providers. If the lessee of the facility purchases the facility, the purchase shall not constitute a change in ownership.

B. Certification Surveys

Each new owner or owners shall be subject to certification by Medicare.

C. Cost Limitations

1. For each asset in existence on July 18, 1984, which is subsequently sold, the valuation of the asset for reimbursement purposes shall be the lesser of the allowable acquisition cost of the asset to the owner of record on July 18, 1984, or the acquisition cost of the asset to the new owner.

2. For each asset not in existence on July 18, 1984, the valuation of the asset for reimbursement purposes shall be the lesser of the acquisition cost of the asset to the first owner of record or the acquisition cost of the asset to the new owner.

3. Costs attributable to the negotiation or settlement of the sale or purchase of any capital asset on or after July 18, 1984, shall not be allowable.

VI. Audits

The Department shall perform any reviews or audits deemed appropriate to insure the reasonableness of reimbursed services. The Department shall continue to receive information from the fiscal intermediaries of Medicare under the common audit agreement which shall identify costs incurred and which will allow for comparisons to be made to the payment which would have been made under the existing Medicare cost reporting system.

VII. Settlements and Recoupments

The DRG payment system shall not have any year end settlements. Settlements and recoupments may occur because of Surveillance/Utilization Review or other reviews which determine that payments were in error.

WINSTON BARTON Secretary of Social and Rehabilitation Services

Doc. No. 007996

# INDEX TO ADMINISTRATIVE **REGULATIONS**

This index lists in numerical order the new, amended and revoked administrative regulations and the volume and page number of the Kansas Register issue in which more information can be found. This cumulative index supplements the index found in the 1987 Supplement to the Kansas Administrative Regulations.

# AGENCY 1: DEPARTMENT OF

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1-2-25	Amended	V. 7, p. 1408
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1-2-81	New	V. 7, p. 1879
1-5-11	Amended	V. 8, p. 130
1-5-13		
1-5-15	Amended	V. 8, p. 130 V. 8, p. 130
1-6-2	Amended	V. 7, p. 1816
1-6-2	Amended	V. 7, p. 1879
1-6-24	Amended	V. 8, p. 131
1-6-31	New	V. 8, p. 131
1-6-32	New	V. 7, p. 1816
1-6-32	New	V. 7, p. 1879
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1-9-19a	New	V. 7, p. 1879
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1-18-1a	Amended	V. 7, p. 1414
1-24-1	Amended	V. 7, p. 1414
1-24-2	Revoked	V. 7, p. 1414

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4-16-7a	Amended	V. 7, p. 1849	14-4-23	Revoked	V. 7, p. 782
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23-1-10	Amended	V. 7, p. 367	28-19-66	Amended	V. 7, p. 715		GENCY 30: SOC	
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23-2-15	Amended	V. 7, p. 371	28-19-84			30-4-34	Amended	V. 7, p. 716
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30-5-152 30-5-154	Amended Amended	V. 7, p. 723 V. 7, p. 723		ENCY 36: DEPA	ARTMENT OF	44-16-108	Amended	V. 7, p. 1875
30-5-152 30-5-154 30-5-155	Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869	AG	ENCY 36: DEPA	ARTMENT OF	44-16-108 AGENCY	Amended 45: KANSAS	V. 7, p. 1875  PAROLE BOARD
30-5-152 30-5-154 30-5-155 30-5-156	Amended Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723	AG Reg. No.	ENCY 36: DEPA TRANSPORT Action	ARTMENT OF TATION Register	44-16-108  AGENCY Reg. No.	Amended 45: KANSAS Action	V. 7, p. 1875  PAROLE BOARD Register
30-5-152 30-5-154 30-5-155	Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723	AG Reg. No. 36-27-2	ENCY 36: DEPA	ARTMENT OF FATION Register V. 7, p. 217	44-16-108 AGENCY	Amended 45: KANSAS	V. 7, p. 1875  PAROLE BOARD
30-5-152 30-5-154 30-5-155 30-5-156 30-5-157	Amended Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869	AG Reg. No. 36-27-2	ENCY 36: DEPA TRANSPORT Action Amended	ARTMENT OF FATION Register V. 7, p. 217	44-16-108  AGENCY Reg. No. 45-4-7	Amended 45: KANSAS Action Amended	V. 7, p. 1875  PAROLE BOARD Register V. 7, p. 219
30-5-152 30-5-154 30-5-155 30-5-156 30-5-157 30-5-159	Amended Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723	AG Reg. No. 36-27-2 36-27-3	ENCY 36: DEPA TRANSPORT Action Amended Amended	ARTMENT OF FATION Register V. 7, p. 217 V. 7, p. 217	44-16-108 AGENCY Reg. No. 45-4-7 45-7-1	Amended 45: KANSAS Action Amended Amended	V. 7, p. 1875  S PAROLE BOARD  Register  V. 7, p. 219  V. 7, p. 219
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30-5-152 30-5-154 30-5-155 30-5-156 30-5-157 30-5-159	Amended Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723 V. 7, p. 723	AG Reg. No. 36-27-2 36-27-3 36-27-4 36-27-5a	ENCY 36: DEPA TRANSPORT Action Amended Amended Amended New	RTMENT OF (ATION  Register  V. 7, p. 217	44-16-108 AGENCY Reg. No. 45-4-7 45-7-1 45-9-1	Amended 45: KANSAS Action Amended Amended Amended	V. 7, p. 1875  S PAROLE BOARD  Register  V. 7, p. 219  V. 7, p. 219  V. 7, p. 219
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30-5-152 30-5-154 30-5-155 30-5-156 30-5-157 30-5-159 through 30-5-163 30-5-167 through	Amended Amended Amended Amended Amended Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723 V. 7, p. 723 V. 7, p. 723 V. 7, p. 724	AG Reg. No. 36-27-2 36-27-3 36-27-4 36-27-5a 36-27-6 36-27-7	ENCY 36: DEPA TRANSPORT Action Amended Amended Amended New Amended Amended	REGISTER V. 7, p. 217	44-16-108  AGENCY Reg. No. 45-4-7 45-7-1 45-9-1  AGENCY 47 ANI Reg. No. 47-2-75	Amended 45: KANSAS Action Amended Amended Amended : MINED-LA D RECLAMA Action Amended	V. 7, p. 1875  S PAROLE BOARD  Register  V. 7, p. 219  V. 7, p. 219  V. 7, p. 219  ND CONSERVATION  TION BOARD  Register  V. 7, p. 409
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30-5-152 30-5-154 30-5-155 30-5-156 30-5-157 30-5-159 through 30-5-167 through 30-5-167 30-5-169 30-6-35 30-6-36	Amended	V. 7, p. 723 V. 7, p. 723 V. 7, p. 1869 V. 7, p. 723 V. 7, p. 723 V. 7, p. 723, 724 V. 7, p. 724 V. 8, p. 720 V. 8, p. 720 V. 7, p. 724 V. 7, p. 724 V. 7, p. 724 V. 7, p. 720	Reg. No. 36-27-2 36-27-3 36-27-4 36-27-5a 36-27-7 36-27-8 36-27-1 36-27-12 36-27-13	ENCY 36: DEPA TRANSPORT Action Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended	REGISTER V. 7, p. 217 V. 7, p. 218 V. 7, p. 219 VINGS AND	44-16-108  AGENCY Reg. No. 45-4-7 45-7-1 45-9-1  AGENCY 47 ANL Reg. No. 47-2-75 47-3-42 47-7-2 47-9-1 47-10-1	Amended  45: KANSAS Action Amended Amended  MINED-LA RECLAMA Action Amended Amended Amended Amended Amended Amended Amended	V. 7, p. 1875  S PAROLE BOARD Register V. 7, p. 219 V. 7, p. 219 V. 7, p. 219 V. 7, p. 219 ND CONSERVATION FROM BOARD Register V. 7, p. 409 V. 7, p. 411 V. 7, p. 411 V. 7, p. 412
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